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ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND
RELATED MATTERS.

Hearing held
8th floor
180 Dundas Street West
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

P.S.A. Lamek, Q.C.

E.A. Cronk

Thomas Millar

Commissioner

Counsel

Associate Counsel

Administrator

Transcript of evidence
for

SEPTEMBER 19, 1983

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Ontario

Shirley

Hank

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ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN
AND RELATED MATTERS.

Hearing held on the 8th Floor,
180 Dundas Street West, Toronto,
Ontario, on Monday, the 19th
day of September, 1983.

THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner
THOMAS MILLAR - Administrator
MURRAY R. ELLIOT - Registrar

APPEARANCES:

P.S.A. LAMEK, Q.C.)	Commission Counsel
E. CRONK)	
D. HUNT)	Counsel for the Attorney-
L. CECCHETTO)	General and Solicitor
	General of Ontario (Crown
	Attorneys and Coroner's Office)
I.G. SCOTT, Q.C.)	Counsel for The Hospital
R. BATTY)	for Sick Children
M. THOMSON)	
D. YOUNG	Counsel for The Metropolitan
	Toronto Police
W.N. ORTVED)	Counsel for numerous Doctors
K. CHOWN)	at The Hospital for Sick
	Children
B. SYMES	Counsel for the Registered
	Nurses' Association of Ontario
	and 35 Registered Nurses at
	The Hospital for Sick Children

(Cont'd)



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APPEARANCES: (Continued)

H. SOLOMON	Counsel for the Ontario Association for Registered Nursing Assistants
D. BROWN	Counsel for Susan Nelles - Nurse
G.R. STRATHY	Counsel for Phyllis Trayner - Nurse
B. JACKMAN	Counsel for Mrs. M. Christie - R.N.A.
J.A. OLAH	Counsel for Janet Brownless - R.N.A.
S. LABOW	Counsel for Mr. & Mrs. Gosselin, Mr. & Mrs. Gionas, Mr. & Mrs. Inwood, Mr. & Mrs. Turner, Mr. & Mrs. Lutes and Mr. & Mrs. Murphy (parents of deceased children)
W.W. TOBIAS	Counsel for Mr. & Mrs. Hines, (parents of deceased child Jordan Hines)
F.J. SHANAHAN	Counsel for Mr. & Mrs. Dominic Lombardo (parents of deceased child Stephanie Lombardo); and Heather Dawson (mother of deceased child Amber Dawson)
J. SHINEHOFT	Counsel for Lorie Pacsai and Kevin Garnet (parents of deceased child Kevin Pacsai)



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1

2

BB/ak

---Upon commencing at 10:00 a.m.

3

THE COMMISSIONER: Yes, Mr. Lamek?

4

MR. LAMEK: Mr. Commissioner, just

5

before I call the next witness may I say something

6

about scheduling this week?

7

THE COMMISSIONER: Yes.

8

MR. LAMEK: The next witness will

9

be Dr. David Carver who is Chief of Pediatrics at

10

the Hospital. Dr. Carver is available for today. If

11

by any chance he should be required beyond the end of

12

the day today he cannot be available this week but

13

can return one day next week for a continuation of

14

his evidence if that is the appropriate thing to do.

15

Tomorrow morning Miss Cronk will call

16

Dr. Vera Rose and she will be followed by Dr. Becker,

17

the pathologist, and he in turn will be followed by

18

Dr. Mancer the pathologist. But that is the batting

19

order for the immediate future, sir. We have

20

Dr. Carver for today.

21

THE COMMISSIONER: It is not a

22

precedent because we still have...

23

MR. LAMEK: We still have Dr. Mirkin

24

to come back.

25

THE COMMISSIONER: ...Dr. Mirkin to

come back.



1
2
3 MR. LAMEK: That's right. But even
4 if it were a precedent it wouldn't be a bad one.

5 THE COMMISSIONER: No, but it may be
6 a little bit more awkward with Dr. Carver but he
7 can't help it with these high priced help. Did you
8 have anything to say, Mr. Strathy?

9 MR. STRATHY: I was just going to
10 ask, Mr. Commissioner. It would certainly help us
11 if we could be told by Mr. Lamek or Miss Cronk the
12 babies that are going to be covered by the witnesses
13 that we have coming; for example, Dr. Becker and
14 Dr. Mancer. It would help us in our preparation. I
15 would think they have some idea of which babies they
16 are going to be dealing with.

17 THE COMMISSIONER: It will be only
18 the ones that they were, I would assume, that they
19 were present on.

20 MR. LAMEK: That's right, and there
21 shouldn't really be any great mystery about it.
22 Dr. Becker is primarily concerned, or his evidence
23 will be primarily concerned with the Hines child and
24 Dr. Mancer will be primarily concerned with the
25 Estrella child and Dr. Carver will happily tell us
that he wasn't involved with any of these children.

THE COMMISSIONER: Yes.



1

2

MR. STRATHY: Thank you.

3

MR. LAMEK: May I then please call

4

Dr. David Carver?

5

THE COMMISSIONER: Yes.

6

MR. SCOTT: Just one other matter.

7

THE COMMISSIONER: Yes, yes.

8

MR. SCOTT: We have been concerned

9

in this Inquiry so far amongst other things with
the meeting that took place in the coroner's office

10

on Saturday, September 21st. I have produced some

11

notes in rough form and have undertaken to prove them.

12

I would like to make a formal request at this time

13

to counsel for the Attorney-General and to counsel

14

for the Police for the production of any notes that

15

their clients may have of that meeting. The reason

16

I ask for that now is, it seems to me that it is

17

orderly that those notes should be produced now so

18

that the witnesses who are giving evidence about that
meeting can be asked about them. If they aren't

19

produced now and are produced instead during the

20

testimony of Dr. Teperman or some police officer,

21

they will (a) be self-serving in that context and

22

(b) it may be necessary to recall all these witnesses
to respond to them.

23

So, it seems to me it is orderly that

24

25



1
2 if those notes exist, and I don't know that they do,
3 they should be produced at this stage. I make that
4 request of both Mr. Hunt and Mr. Young.

5 THE COMMISSIONER: Yes. Well, what
6 do you say, Mr. Hunt?

7 MR. HUNT: Well, I will certainly
8 consider it. I am not about to answer it now. It
9 seems to me that two of the people who were at the
10 meeting, Rowe and Fowler have already left the
11 witness stand. I don't know what other people my
12 friend is referring to that Mr. Lamek intends to call
13 at this stage that were present that have to be
14 cross-examined. It may be that there are, but I
would want to enquire into that first.

15 THE COMMISSIONER: Well, if the
16 notes are going to be produced at any time, I would
17 think that it would probably be a good idea to
18 produce them now for the examination of counsel. I
19 don't know how relevant they are going to be. I
20 don't know how relevant that meeting, what went on
21 in that meeting is going to be to this particular
22 aspect. It may be, there may be something coming out
23 of it. But that's what I would think, subject to
24 argument, it would be a good idea to produce them
25 now rather than to hold them off.



1
2 If in fact they exist, it might be --
3 was Dr. Carver at this meeting?

4 MR. LAMEK: Yes, he was, sir.

5 THE COMMISSIONER: At this meeting?

6 MR. LAMEK: Yes.

7 THE COMMISSIONER: Well, certainly
8 if you have any intention whatsoever of asking
9 Dr. Carver about that meeting I don't see what else
10 that you would be asking him about, shouldn't the
11 notes be produced.

12 MR. HUNT: It doesn't seem unreason-
13 able. I just said I would consider it and see what
14 notes there are available and discuss it with my
15 friend in the office.

16 THE COMMISSIONER: Well, I think the
17 problem Mr. Scott has is how long do you think you
18 are going to consider it, you know, the bleak cry
19 from ---

20 MR. HUNT: Well, you know, I'm sorry
21 that Dr. Carver is about to take the stand and my
22 friend is making the request now. It would take at
23 least some time to discuss the matter to see what
24 notes are available, whether they are here, whether
25 they're back at the office. So, it will take some
time to consider it.



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THE COMMISSIONER: Yes. Mr. Young, what do you have to say.

MR. YOUNG: Well, I am in the same situation as my friend, Mr. Hunt, but I would also point out that we first saw the notes of Miss Lund I believe last Thursday afternoon and indeed had already heard the evidence of two of the participants at that meeting. So, while I think Mr. Scott's request may be a fair one I don't know that we are in a position right now to rush us into that decision.

THE COMMISSIONER: Yes. No, no, I am not rushing you into it, I just want to attend to the problem, that's all.

MR. SCOTT: Yes. No, I understand what the request is and I understand the fairness of it.

THE COMMISSIONER: I would think conceivably this afternoon. Is there any possibility of reaching that decision then?

MR. YOUNG: Well, I have a problem with that. Mr. Percival is up in North Bay in front of Mr. Justice Rutherford. Clearly I would like to consult with him before producing those notes.

MR. SCOTT: Well, perhaps what we could know is whether there are such notes and then



1
2 if there are such notes I presume that if they are
3 reasonably contemporaneous neither Mr. Percival nor
4 Mr. Hunt are going to object to producing them. It
5 doesn't seem to me there would be any ground.
6 Therefore, even in the absence of Mr. Percival we
7 might be able to proceed.

8 THE COMMISSIONER: Perhaps you could
9 tell us by this afternoon whether there are such
10 notes. You don't have to make a decision on producing
11 them.

12 MR. YOUNG: I will do my best to
13 determine that.

14 THE COMMISSIONER: Mr. Hunt, can you
15 try the same approach?

16 MR. HUNT: Yes.

17 THE COMMISSIONER: Yes, all right.
18 Yes, all right.

19 MR. LAMEK: Mr. Commissioner, on the
20 question of notes I should say that just as recently
21 as the end of last week Ms. Cronk asked counsel for
22 the Metro Police whether they were any notes of the
23 meeting. I am aware that there were notes made of
24 the meeting by Dr. Teperman but I'm a little surprised
25 by Mr. Scott's request. I would have thought this
was one of those source for the gander situations.

1
2 It would have been helpful to all of us I think when
3 Dr. Rowe was in the box had we known that the
4 Hospital had a set of notes of that meeting and
5 indeed my understanding, in speaking to Dr. Carver
6 on Thursday evening last, was that he hadn't seem
7 them either. It seems one has to ask precisely the
8 right question of precisely the right person.

9 MR. SCOTT: I think Mr. Lamek's
10 comment is very fair because the Hospital, as I
11 think he will testify, has tried to make everything
12 available it had. These notes had never been seen
13 by any of the doctors who gave evidence or, indeed
14 by Dr. Carver. They were found entirely accidentally
15 in Miss Lund's file.

16 Now, it is my fault for not asking
17 her whether she had any, but I didn't even know she
18 was at the meeting until last week and they were
19 found entirely accidentally and were produced as soon
20 as we had them.

21 THE COMMISSIONER: Yes. So, well,
22 there we are. That's the gander or the goose's I
23 guess reply -- or is it the gander is it?

24 MR. LAMEK: I would prefer to think
25 I had been gandered.

MS. CRONK: Just leave it there.



1
2 MR. LAMEK: Dr. David Carver please.

3 DR. DAVID CARVER, Sworn

4 DIRECT EXAMINATION BY MR. LAMEK:

5 Q. Make yourself as comfortable
6 as possible there, Doctor.

7 A. Okay.

8 Q. Dr. Carver, you are the Chief
9 of the Department of Pediatrics at The Hosiptal for
10 Sick Children?

11 A. Yes, sir.

12 Q. And that I take it is the
13 largest department in the Hospital?

14 A. Yes, sir.

15 Q. And in effect you are the
16 chief physician at that Hospital?

17 A. Chief physician but not chief
18 of surgery or ---

19 Q. Yes, understood. I use
20 physician in contra distinction to surgery.

21 A. Yes.

22 Q. How long have you held that
23 position, please?

24 A. Seven years.

25 Q. Did you succeed Dr. Bain in
that position?



1

2

A. That's correct.

3

4

Q. And you were also Professor
and Chairman of the Department of Pediatrics in the
Faculty of Medicine, University of Toronto?

5

6

A. That is correct.

7

8

Q. Do you have an area of
clinical specialization, Doctor?

9

10

A. My sub-speciality is infectious
diseases.

11

12

13

Q. I won't take you at any length
at all through your educational and professional
background and I will be able to file a curriculum
vitae I think at a later stage.

14

A. If you wish I have one.

15

16

Q. Do you have one, that would
be helpful.

17

May that be the next exhibit please,
Mr. Commissioner?

18

THE COMMISSIONER: 184.

19

20

---EXHIBIT NO. 184: Curriculum Vitae of Dr. David
Carver.

21

22

MR. LAMEK: Q. Dr. Carver, I under-
stand you hail from Boston?

23

A. That's correct.

24

Q. And did your undergraduate

25



1
2 work at Harvard?

3 A. That's correct.

4 Q. Graduated with a Doctor of
5 Medicine Degree from Duke University, North Carolina?

6 A. That's correct.

7 Q. And thereafter spent time in
8 different stages of internship and residency at
9 Harvard and Johns Hopkins?

10 A. That correct.

11 Q. You are the author of several
12 papers, abstracts, made several presentations and
13 so on. I won't embarrass you further by detailing
14 your accomplishments, Doctor, they are in the record.

15 A. Fine.

16 Q. I assume that the Chief of
17 Pediatrics at a hospital, like The Hospital for
18 Sick Children has many administrative duties to
19 perform, but do you also carry on a clinical practice
20 in the Hospital?

21 A. Not a primary practice. I
22 would be involved on consultation but not primary
23 care.

24 Q. Do I take it correctly that
25 you did not in any capacity play a part in the care
and management of the 36 patients with whom we are



1
2 concerned?

3 A. That's correct, I did not.

4 Q. Have you reviewed the chart
5 of any of the 36 patients with whom we are concerned?

6 A. I have reviewed the records
7 that Dr. Bain put together, I have seen some of the
8 other records, I have seen some of the charts during
9 some of the special risk management meetings. I have
10 not done a formal review as Dr. Bain did. I saw
11 the charts on that Sunday of the weekend in March,
12 they were in, I believe, Mr. Murray's office when
13 the police officers were looking at them. I may then
14 have seen some individual aspects of the charts.

15 Q. You just referred to special
16 risk management meetings. What were those, please?

17 A. After the weekend of March
18 20th the Special Risk Management Committee was
19 struck by the Hospital of a number of individuals,
20 I believe Dr. Rowe in cardiology, pathology, a number
21 of other people, to try to do as much as possible to
22 ascertain what had happened and to be as helpful as
23 possible in the investigation.

24 Q. And did that Committee review
25 the charts of the patients with whom we are concerned?

A. Not as a committee. The review



1
2 was done by Dr. Bain.

3 Q. I see. Was that part of the
4 review that Dr. Bain performed in the summer of 1982?

5 A. I think that was when the
6 review occurred, but the Committee did not formally review
7 the charts as a committee.

8 Q. Do you recall when that
9 'Committee was struck? Was it shortly following the
10 March, '81 weekend?

11 A. I believe it was shortly after
12 that weekend there were meetings, I believe initially
13 daily, later at less frequent intervals.

14 Q. And the purpose of their
15 meetings in the spring of 1981 was what?

16 A. To review what had occurred
17 and, as I mentioned, to try to make available as much
18 material as possible to any of the investigatory
19 authorities.

20 Q. When you say to review
21 what had occurred, over what period of time are we
22 talking about?

23 A. I would think mainly starting
24 with the weekend and being sure that the appropriate
25 precautions had been taken, the steps that were taken
over the weekend were reviewed and approved and



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subsequent modifications were made by the group.

Q. And was it then that group, which amongst others, sought to respond to enquiries by the police in the course of the police investigation?

A. I would think the group or members of the group as individuals.

Q. All right. And that's not a particular concern of this Commission in this phase of its Inquiry. Perhaps we will come to it later.

But do I understand that that group also played a part in, what, providing information, backup or something of that sort to Dr. Bain in the summer of 1982 when he did his review?

A. Yes, any information he needed such as pathology information was provided usually by the individuals, the pathologists would provide the charts and so on.

Q. Thanks. Can you tell me something briefly about the reporting structures within the Department of Pediatrics, and let us take the division of cardiology as an example. What information flows to you on a regular and routine way about the operations of the division of cardiology?

A. The director of the division,



1
2
3 Dr. Rowe, would report to me on any problems that he
4 thought that I could help with. We are concerned with
5 three aspects: the clinical care, the teaching and
6 the research. In any of the aspects where he had
7 problems he would report this to me on an ongoing basis.

8 Q. Now, those sound to me to be
9 in the nature of ad hoc reports as matters arise,
10 Dr. Carver. Was there a regular reporting structure?

11 A. Not except as specific
12 difficulties occur. Now, while one would, if one
13 had not heard from a given division for any length of
14 time, one would touch base to see how things were
15 going.

16 Q. You wouldn't automatically
17 assume it meant they had no problems?

18 A. No.

19 Q. All right.

20 A. No. And there are enough
21 problems so that one would be in contact with the
22 division chiefs. Over and above this there are
23 monthly meetings with the division chiefs as a group.

24 Q. Yes.

25 A. Where I would present changes
that I thought appropriate and where there is time
for the division chief to raise any questions that



1
2 he or she wishes. And as I implied I am very accessible
3 if one wishes to raise a question with me.

4 Q. All right. So, information
5 may flow to you from the meetings of division chiefs?

6 A. Yes.

7 Q. And it may flow to you from
8 any individual division chiefs?

9 A. Yes.

10 Q. As something arises which in
11 his view you ought to be aware of?

12 A. Yes. And over and above
13 that if an individual member of the Department felt
14 for any reason, and this obviously would not pertain
15 to cardiology, there was a matter that he or she
16 wished to bring to me on a personal nature or where
17 they felt there was some difficulties they could come
18 to me directly or something.

19 Q. Do you at some level in the
20 structure have a means of communication with the
21 nursing services of the Hospital?

22 A. Only through the regular
23 Hospital Committees. The nursing director sits on
24 the Medical Advisory Committee of the Hospital, the
25 MAC, and this would be a formal structure. Again,
if problems were to arise one would have to have an



1
2 informal meeting where, if I felt that there was a
3 problem that a division chief had raised with respect
4 to nursing in a given area, I would go to the director
5 of nursing, or similarly, if the director of nursing
6 thought there was a problem he or she could come to
7 me.

8 Q. All right. So, you have that
9 possible source of information also.

10 A. Yes.

11 Q. And I understand that there
12 is a rather special kind of relationship between the
13 chief of pediatrics and the chief pediatric resident?

14 A. Yes, the chief resident is
15 sort of an interface between the faculty and the
16 house staff but has direct access, as do all the
17 residents, but particularly the chief resident to
18 the chief of the service, so, if he or she finds a
19 problem that person, as occurred in this instance,
20 can come directly to me and will be responded to
21 immediately.

22 Q. Yes. And might the chief
23 resident, if he encountered a problem in a particular
24 division, also discuss the matter with the staff
25 cardiologist in this case?

A. Surely.



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3

Q. Or the staff man in that position?

4

5

6

A. The staff man in the particular division would also be approached by the chief resident.

7

8

Q. Would you expect him to take a problem in a particular division to the staff man in that division?

9

10

A. I would think he - it depends on the specific problem, sir.

11

12

13

Q. Yes.

A. I think he would possibly go to both.

14

15

Q. Yes.

A. But if it is particularly important he would certainly come to me.

16

17

Q. He would certainly come to you.

A. Yes.

18

19

20

21

Q. During July and August of 1980, Dr. Carver, did you become aware, and I am only running to the end of August now, did you become aware that several patients had died on the cardiology Wards 4A and B in those two months?

22

23

A. I had been informed of that, I was not aware of that.

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Q. All right. If an unusually high mortality rate were being experienced over a period of a couple of months in one of the divisions that makes up the Department of Pediatrics, would you have expected to be made aware of it?

EMT.jc
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A. If there were questions as to the reason for the mortality, if there was no explanation that was immediately obvious, if there was something that it was thought I could do something about, I would expect to be made aware of it.

I think the major question would be if it were something that occurred because of sicker children being admitted or some change that they felt was explicable, they might not, but if there was concern I would expect to be made aware of it.

Q. Let's expand the terms of time reference to the end of the year, to December 31.

Did you at any time between July and December of 1980 become aware that in certain months in the latter part of that year on-ward mortality rates in the Cardiology Division were higher than usual?

A. There were two conferences I believe in September.

Q. Yes.

A. The minutes of which were sent to me which discussed in each case a few patients.

MR. LAMEK: Those, Mr. Commissioner, are Exhibit 45 and 51.

Q. And you have copies of those minutes with you?



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A. There was one meeting of

September 5th which discusses three patients and states that there were areas of discussion about Baby Bilodeau, Baby Turner and Baby Taylor.

Q. Yes.

A. Discussions about communications with parents. There was thought to be areas where improvement could be occurred.

It was pointed out that in all the cases described the anatomy was extremely severely disturbed; the risk of any intervention was very high, and this is influencing the course of events in the type of patients we are now seeing.

Q. Yes.

A. And there was a second meeting on September 26th, and again a child by the name of Dion Shrum, a baby boy Velasquez and a Baby Monteith.

The conclusions were that useful discussions ensued. Two main points arose in regard to the full conference. There should be some gathering together of cardiologists with the nursing staff to hammer out needs for an intermediate Intensive Care Unit and to make suggestions to the administration. The second point was concerning the dosage schedules on cardiac arrest carts and subsequently they said that that had been done.



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Q Was that the extent of your information as to deaths on the cardiology wards in the latter part of 1980?

A Yes, sir.

Q And did you take from either of those minutes, either of those sets of minutes, that there was an increase in mortality on the wards or merely that in each case three deaths had been discussed?

A All that was available is that the deaths had been discussed, and appropriately there was concern to do as good a job as possible and to try to improve the care.

Q But as at December 31st, 1980, having no information other than the two sets of minutes, I take it you were at that point unaware that indeed some 20 deaths had occurred in the last six months of the year?

A That is correct.

Q You received copies of the minutes of the two meetings in September you have told us?

A Yes, sir.

Q Did you make any inquiry of Dr. Rowe as to the reasons for holding the meetings?



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A. No, sir, because one would expect that there would be regular meetings. Dr. Rowe has a meeting every morning to review what has gone on with his staff, to review the clinical events of the day before.

Q. Yes.

A. As a way of maintaining as good care as possible within his division.

Q. Yes. Knowing as you did that there were daily meetings to review the events of the day before, including I take it any deaths that may have occurred in the intervening 24 hours, did you find it at all unusual that apparently special meetings had been convened to discuss as it turned out six deaths?

A. No, sir, because again I think that if they thought there was need for, as I mentioned, communication, this sort of thing, meetings with cardiologists and I believe the nurses would be quite appropriate.

Q. You told me you had no information as to the dimensions of the matters that were giving them some concern there?

A. No, sir.

Q. You did in addition, as I



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understand it, receive a copy of a further -- minutes
of a further meeting held on January 12th, 1981?

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A. Yes, sir.

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Q. Do you recall when you received
those minutes, Dr. Carver?

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A. No, I do not recall when they
came. The minutes I don't believe are dated.

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Q. The minutes themselves are not.

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A. No, I don't believe so.

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THE COMMISSIONER: What exhibit number
is that?

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MR. LAMEK: 65, sir.

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Q. I take it you had not been
invited to attend the meeting?

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A. I had not.

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Q. Did you have any foreknowledge
that it was to be held?

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A. No, sir.

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Q. During the first few days of
January, 1981, had you had any discussion with
Dr. Rowe as to the possibility of a meeting to discuss
those matters?

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A. No, sir.

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Q. Had you had any discussion with
Dr. Trusler --

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A. No, sir.

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Q. -- about any concerns that he
may have had?

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A. No, sir.

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Q. Do I take it that it was only
upon receiving these minutes that you became aware
that in six months some 20 or 22 children had died
on the cardiology wards?

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A. Yes, sir.

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Q. What was your reaction to that
information?

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A. That an extremely expert group
had reviewed the information, that Dr. Rowe - the
meeting included Dr. Rowe who is definitely the most
knowledgeable paediatric cardiologist in Canada,
Dr. Fowler, who was the ward chief on the service,
Dr. Trusler whom you mentioned who was the Director
of the Division of Cardiovascular Surgery, Dr. Edmunds,
the Deputy Director of Intensive Care Unit and
another cardiovascular surgeon, Dr. Williams, as
well as Director of Nursing for the Hospital and
two head nurses, and that this expert group had
reviewed what they detected as a problem and were
doing what they could to resolve the problem.

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If such an occurrence as this had

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occurred at another centre and I were asked who to send to review it, to help, certainly this group would have been the group I would have sent.

Q. There may be no question about the expertise of the members of the group who were reviewing the situation, and you must have taken some considerable comfort from that. But did you have any concern at the number of deaths having to be reviewed at that stage?

A. Certainly there is concern as you note from the notes.

I believe the summary on the back indicates that at the time they thought that 15 of the 20 deaths were - the word they used was "unexpected", but 14 of the 15 - the final note is at least 14 of the 15 were candidates for specialized care in nursing, and that the group had identified such problems as the need to operate, re-operate earlier, the question of monitoring, the question specifically of a so-called Intermediate Care Unit and were proceeding to try to develop the resources to do better.

Q. Upon reading the minutes, Dr. Carver, what did you understand by the term "unexpected" which was used to describe or characterize 15 of these deaths?



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A. This of course is going back to
recollection.

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Q. Yes.

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A. So I think one would have to
state what would one understand reading them at this
point.

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Q. Yes.

8

A. And trying to divorce oneself
from what happened.

10

Q. And from what you may have
learned by discussion with Dr. Rowe in the meantime.

11

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A. Yes. Unexpected would be a
death occurring at a time one did not specifically
expect it, but not necessarily in a child who is not
severely ill whose illness would not be sufficient
to account for death within some immediate period.

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Q. Yes.

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A. So that it was unexpected at
that given hour and minute, but not necessarily, and
of course from subsequent information on the severity
of the illnesses of these children, unexpected
because of the illness.

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Q. Did you, Dr. Carver, have any
information as at January, 1981, as to the mortality
rate that had been experienced on the cardiology

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wards in preceding prior periods?

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A. No, sir.

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Q. Did you not have any basis for

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comparison of this number of 20?

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A. No, sir. The Hospital did not

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at that time have an ongoing formal statistical

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review of death as it subsequently occurred.

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As you know, subsequent to the CDC

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report a formal system was put in. As I am sure you

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also know the system is quite unusual. The authors

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of the report have stated that they were unaware of

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any other hospital having that type of system in

discussion with them.

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Q. Did you, however, infer from

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the fact that a top level meeting was held in January

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that indeed the mortality rate had been higher than

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was normal?

A. Yes.

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Q. That would be a reasonable

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inference to draw from the fact that the top people

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were getting together?

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A. It must be kept in mind that

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this was a relatively new ward.

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Q. Yes.

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A. And that there may have been a

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backlog of patients from before, and also, of course, the question that has to be dealt with is the severity of the illness in the children who did die as a background to put it into perspective.

Q. Upon receipt of the minutes of the January 12 meeting did you make any inquiry as to the historical pattern of on-ward deaths in the Cardiology Division?

A. No, sir.

Q. Did you address any inquiry to Dr. Rowe as to the degree to which he thought this period was an anomaly?

A. No, sir. He as the person most knowledgeable was reviewing this and he had not requested help, and I was sure - I presume, and again this is retrospective, but with my absolute confidence in his ability and that of the others that they were reviewing this.

Q. Did you in January of 1981 have any information that many of the deaths which were referred to in those minutes had occurred in the very early hours of the morning?

A. No, sir.

Q. Did you at that time, that is to say in January, 1981, have any information that very



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many of these deaths had apparently occurred in the presence of one nursing team?

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A. No, sir.

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Q. When did you discover those things?

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A. It was probably the Sunday of the weekend of March 20th that the question of many of the deaths having occurred with one nursing team. On Saturday, the two deaths that occurred before were probably related to specific nurses in view of some of the action taken, but the total correlation I believe became available when the police officers along with Dr. Rowe reviewed the many cases.

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Q. Did you, Dr. Carver, any time between July 1st, 1980 and March - let's say, mid March, let's take the 18th - between those two dates, between July 1 and March 18 did you have any discussion at all with Dr. Rowe about the incidence of on-ward deaths in the Cardiology Division?

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A. Not that I recall.

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Q. Or with any other of the staff cardiologists?

A. Not that I recall.

Q. Or with any cardiology Fellow?

A. No, sir.



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Q. Or with any resident?

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A. No, sir.

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Q. Or with any member or representative of nursing staff of the Hospital?

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A. No, sir.

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Q. Were you aware at any time in that period that the nursing staff on the ward was expressing concern about the incidence of deaths on the ward?

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A. No, sir.

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Q. Following your receipt of the minutes of January 12th meeting, did you at any time prior - again let's say to March 18 - receive any information about the number of on-ward deaths that occurred in January, February or the first half of March?

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A. No, sir.

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Q. Did you make any inquiry about the mortality rate on the ward in those two and a half months?

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A. No, sir.

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Q. On that day, you received information, did you not, about a patient named Kevin Pacsai?

A. Yes, sir.

Q. And you were told he had died perhaps a week earlier on the ward?

A. Yes.

Q. I'm sorry, in the Intensive Care Unit.

A. Yes.

I came back from grand rounds - it was a Wednesday - and Dr. Costigan, the Chief Resident, informed me he had died, I believe, on the preceding Thursday and that the cause of concern was that the digoxin level was high; it was 25 nanograms per millilitre. This, of course, is a level that one would be quite disturbed about and, therefore, I immediately called Dr. Fowler, who was the physician, the responsible physician, for the patient, and Dr. Rowe. I asked Dr. Fowler to immediately inform the Coroner's office; also, to ask the Coroner whether he, Dr. Fowler, or whether the Coroner should inform the parents of this particular finding of a high digoxin level. I also asked Dr. Fowler and Dr. Rowe to make a complete investigation of the



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situation.

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Dr. Costigan had told me that the digoxin given the patient at the Hospital was believed to be an appropriate amount for a maintenance dose; nevertheless, I asked for a complete review of all matters dealing with the patient, as to whether indeed the dosage was correct, whether the amount dispensed was correct; the possibility of a transcription error occurring, where somebody could have written an appropriate amount for prescription but that there might have been an error in transcription, because there are steps, as you know, in getting medications ready, and that this report should be back to me.

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Dr. Fowler did prepare a report and I believe you have it, as well as my personal notes on this situation.

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That report was prepared on the 20th and I notice it was stamped as received on the 23rd, which would be the Monday.

In addition to this, the digoxin preparation on the ward was checked with the pharmacy and found to be the correct strength, because one of the possibilities would be that the strength of the digoxin made by the manufacturer could possibly be in



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error, and that could have been a problem. That,
as noted in his report, was also checked out.

Q. You had this information
from Dr. Costigan on the morning following grand
rounds --

THE COMMISSIONER: Doctor, you said
you came back from someplace?

THE WITNESS: Grand rounds. It
is within the Hospital, sir.

THE COMMISSIONER: Oh, from rounds.

THE WITNESS: Yes.

On Wednesday morning, we have
the departmental grand rounds and, then, Dr. Costigan --

THE COMMISSIONER: That was the
first day that Dr. Costigan sought you out?

THE WITNESS: Yes, sir.

MR. LAMEK: Q. You say Dr.
Costigan told you of the digoxin level in the Kevin
Pacsai child of 25 nanograms per millilitre?

A. That is correct.

Q. Did he tell you of any
other levels in any other samples that had been
drawn from that child?

A. No, sir.

Q. Did you subsequently learn



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that, in fact, there had been more than one sample drawn?

A. Yes. I believe probably at the time -- as I believe the situation, Dr. Costigan had, himself, been involved in the resuscitation and had suspected the possibility of digoxin probably because of the arrhythmias - the child had a tachycardia, a fast heart rate and, later, a bradycardia, a slow heart rate - and he had obtained a sample of blood that was drawn for some other purpose and retrieved it for digoxin and, also, I believe, a post mortem specimen was also obtained.

Q. Did you understand, on the morning of March 18th, that Dr. Costigan was reporting to you the level in a post mortem sample?

A. I believe so.

Q. Until then, Dr. Carver, had you ever heard of a post mortem sample of blood being drawn in the Hospital for Sick Children for digoxin assay?

A. No, sir. This would be unusual because, generally, one draws digoxin levels to determine, in a child who is under therapy, whether there is an excessive level leading to toxicity, and this particularly could occur with an arrhythmia,



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particularly in a child who was in with congestive failure and then was given digoxin and developed an arrhythmia.

Q. Did you ask Dr. Costigan who had ordered the post mortem sample drawn?

A. No, sir. I don't recall. My impression is that Dr. Costigan was instrumental in obtaining the dig. levels and that he was the person who had gotten the specimen drawn for another purpose and had submitted it for a digoxin assay.

Q. It was also your understanding that, in addition to the sample, he had also been instrumental in having a post mortem sample drawn?

A. That is my understanding; that Dr. Costigan was the person initiating all of the studies..

Q. Did you make any enquiry of him as to why he had ordered a post mortem sample drawn if, in fact, there was an ante mortem sample available for assay?

A. I would imagine that --

Q. First, doctor, do you recall whether you asked him that?

A. I don't recall, sir.



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Q. Have you ever asked him that
at any time since March 18th?

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A. No, sir.

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Q. Was anything else said that
day between you and Dr. Costigan about the Pacsai
matter?

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A. No.

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Q. Was there any reference by
Dr. Costigan, either in the morning or at any time
that day, about deaths generally in the cardiology
wards?

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A. Not that I recall.

13

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Q. You have told us what you
did upon receiving that news and the instructions that
you issued to Drs. Rowe and Fowler.

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What was your reaction to receiving
the news?

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A. That this was a most unusual
level and the question of whether some error had
possibly occurred with respect to the prescribing and
dispensing of the preparation.

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I didn't think that it was likely
that the preparation strength would be wrong, but
that, also, as you know, was checked out.

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Again, I guess one aspect would be



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the accuracy, although I think, at that point, the fact it was something abnormal, I felt we had to act on it.

Q. I take it, at that time, it was your understanding that a post mortem level of 25 meant exactly the same as an ante mortem level of 25?

A. I think it was my understanding that this was something that would have to be looked into.

As you have pointed out, I have had no experience with post mortem levels. We do know that many levels, such as electrolyte potassium goes way up after a patient expires and, therefore, are probably more accurate, but I would not know how to interpret a post mortem level. But this is a high number, therefore, we would should look into it.

Q. It required investigation?

A. Yes.

Q. Did you ask Dr. Costigan if he had reported that Pacsai digoxin level to Dr. Rowe?

A. No, I didn't.

As I mentioned, I called Dr. Fowler and told him of it and asked him to speak with the Coroner.



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Q. Did you ask Dr. Costigan
if he had reported the Pacsai dig. level to Dr.
Fowler before coming to you, I mean?

A. I don't remember if I asked
him, but I did call Dr. Fowler and tell him of it.
I don't remember if Dr. Fowler knew of it at the time.

Q. You have told us you called
Drs. Fowler and Rowe and I take it, Dr. Carver, that
you wanted to find out how Baby Pacsai could have
died with that level of digoxin in his body?

A. Yes, sir.

Q. I take it also, at that
point --

A. Also, one of the other
findings, as I recall, was the potassium level was
high.

Q. Yes. A high potassium level.

A. That's right.

Q. I take it also, at that
point, Dr. Carver, there was no thought in your mind
of foul play or anything sinister --

A. No.

Q. -- as being the cause of
that digoxin level?

A. No. As you well know,



Carver
dr.ex. (Lamek)

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doctors do not have sinister -- thoughts about
sinister events and differential diagnosis.

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Q. I'm glad you rephrased it.

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A. Yes. At that time, I did
not think there was any intention, the thought of
intentional overdosage with intent to harm did not
come to my mind.

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Q. Now, we know from the
memorandum that you wrote on March 18th - and that
is Exhibit 109, Mr. Commissioner --

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Do you have a copy of that note,
Dr. Carver, with you?

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A. Yes, I do.

14

Q. Your note of March 18th,
at 10:15 a.m.

15

A. Yes.

16

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Q. We know that you had certain
discussions with, and issued certain instructions to
Drs. Fowler and Rowe.

18

19

A. Yes, sir.

20

Q. Did you meet with them or
either of them?

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A. I called them on the tele-
phone - I felt there was immediacy to this - either
in Dr. Costigan's presence or immediately after he

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left, I don't recall which. I immediately called both of them.

Q. Do you recall which one you spoke to first?

A. No, sir. My guess would be Dr. Fowler, but I don't recall.

Q. He was Ward Chief?

A. Yes, and he was directly involved with the patient, and it was he who should call the Coroner and he was the responsible physician for the patient.

Q. When you spoke to Dr. Fowler, you told him of the digoxin level that had been reported to you?

A. Yes, sir.

Q. What did he say?

A. I don't remember what he said.

Q. Do you recall whether the news appeared to come as a surprise to him?

A. I don't remember what he said. I know that he told me that the patient had been a Coroner's case, declared a Coroner's case because of his interpretation of the father's behaviour before.

Q. Yes.



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A. I don't remember if he expressed surprise. I just don't remember.

Q. Do you recall whether Dr. Fowler asked whether a check had been made to be sure that reported level was indeed a reliable number or whether there had been a lab error or something of that sort?

A. No, I don't recall. I don't recall a conversation indicating a question about that which you are asking.

Q. Do you have any recollection of his raising any question about the accuracy or reliability of the level, which was 25/26?

A. 25. No, I do not recall any questions raised about the accuracy of the level at that time.

Q. Or as to the purity and integrity of the sample, as to whether there had been any contamination or anything of that sort?

A. No. I do not recall any question being raised about that.

Q. Do you recall whether, in the course of that conversation, Dr. Fowler made any reference to any other very high dig. levels or levels of which he was then aware?



Carver
dr.ex. (Lamek)

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A. I specifically remember that nothing else was raised. I assume, if another one -- I specifically remember that none was raised.

Q. Let me ask you the same questions about your conversation with Dr. Rowe.

You told him about the Pacsai dig. level?

A. Yes, sir.

Q. Do you recall what his response was?

A. Again, I don't remember. The main import of the conversation was to ask for the investigation. I do not recall the response on his part. I do not recall any question concerning the accuracy of the level at the time.

Q. Did you speak further to either of those doctors during the course of the 18th?

A. No, sir.

Q. You subsequently received a written report from Dr. Fowler about the enquiries that had been made?

A. Yes, sir. And that is appended, I believe, at least in my material, with my notes.

Q. I am not sure I have seen your



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note.

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That is Exhibit 110, Mr. Commissioner.

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Appended? I thought you said

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amended.

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You are entirely right.

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Now, the note from Dr. Fowler bears

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a handwritten date, March 20, 1981. I understand

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that the report itself was received in your office on

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Monday, March 23rd.

11

A. This is what the stamp

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indicates.

13

Q. You have the stamp; we don't,
you see.

14

March 23rd is when the document

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arrived in your office. Did you receive an oral

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report from Dr. Fowler prior to your receipt of his
written report?

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A. I would guess that this

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matter was discussed on Saturday, when I became aware

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of the fact that there had been another patient with

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a high dig. level and, when the meeting occurred in the
Coroner's office, it would seem logical that Dr.

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Fowler would have stated that they investigated this

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patient, that the report was on the way in the

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Hospital mail and that they had not found any cause

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that could describe how this occurred.

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Q. I would think that likely,
too, doctor.

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A. Yes.

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Q. After giving Drs. Rowe
and Fowler, on March 18th, the instructions to which
you have referred, did you do anything prior to the
afternoon of March 21st to enquire into the circum-
stances surrounding Baby Pacsai's death?

10

11

A. No, sir. This was in the
hands of Drs. Rowe and Fowler at this point.

12

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A. Or to enquire into the
significance of the digoxin level that had been
reported to you from that baby?

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A. No, sir. I think, at that
time, one thought that there was something abnormal
and this had to be looked into.

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Q. I asked you about any
further discussions with Drs. Fowler or Rowe on
March 18th. Do you recall any further discussions
with either of them about the Pacsai child, or any
other matter relating to deaths on the cardiology
ward on the 19th or on the 20th of March?

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A. No. The 20th was Saturday.

Q. The 20th, I think, was
Friday.



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C15 2 A. Friday. No, no, I had
3 not heard anything from them in those two days.
4 Q. Any further discussion
5 with Dr. Costigan on either of those days about
6 Pacsai or any other death on the ward?
7 A. Not that I can recall.
8 Q. Now, on March 21st, as we
9 know and as you have just confirmed for us, you
10 attended a meeting in the afternoon at the Coroner's
11 office, and that meeting was attended by Drs.
12 Bennett and Teperman --
13 A. Yes.
14 Q. -- and two police officers.
15 A. Yes.
16 Q. And from the Hospital,
17 yourself, Dr. Fowler and Dr. Rowe.
18 A. Yes, sir.
19 Q. And from the Hospital
20 Administration, there were two representatives.
21 A. Mr. Murray and Miss Lund.
22 Dr. Fowler had called me on Saturday morning to
23 inform me that information had become available to
24 the Coroner's office that another child, who had
25 previously expired, had a high digoxin level, a
child by the name of Estrella, and that, in view of



1
C16 2 the two children having high levels, the Coroner
3 thought one should have a meeting to discuss this.

4 Q. And you received that
5 information from Dr. Fowler during the morning of
6 March 21st?

7 A. Yes, sir.

8 Q. Were you in the Hospital
9 at that time?

10 A. No. I was home. Actually,
11 I had a broken leg at the time.

12 Q. The weekend could not
13 have assisted in your recovery?

14 A. No, sir.

15 Q. By whom was it decided that
16 you should attend that meeting?

17 A. I don't know. But,
18 certainly, when the Coroner called the meeting, I
19 thought I certainly should attend. I believe I was
20 the one - I'm not sure - who called Miss Lund and
21 Mr. Murray informing them of this.

22 Q. And you understood from
23 Dr. Fowler --

24 THE COMMISSIONER: Miss Lund, is
25 she a member of the Administrative staff?

THE WITNESS: Yes, sir.



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MR. LAMEK: Q. And you understood from Dr. Fowler the meeting was to discuss the deaths of Kevin Pacsai and Janice Estrella?

A. Yes, sir.

Q. You have told us Dr. Fowler said Estrella was a child who had died some time earlier?

A. Yes.

Q. Did he give you any other information about the death of that child?

A. None that I recall, except there was a high digoxin level.

Q. Did he tell you what the level was?

A. He may have. I don't know if he said it at that time. Obviously, subsequently, the numbers have come out. He probably did.

Q. At the time you went to the meeting, at the time you showed up at the Coroner's office, did you know the Estrella digoxin reading --

A. Yes.

Q. -- was 72?

A. Yes.



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Q. Did Dr. Fowler, prior to the meeting, tell you there were questions as to the reliability of that level on the basis of some possible contamination of the sampling which it was measured?

A. I believe, either at the meeting or prior to it, that the question was raised, or did arise, as to the sample. This was material taken from the peritoneal cavity and there is a question as to whether or not it was contaminated or how clearly this was blood or whether material from tissue or other material had contaminated the specimen.



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D/BB/ak

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Q. Now, that was information

3

that you obtained on Saturday, March 21st?

4

A. Yes, sir. That is the first

5

I had heard of the Estrella child.

6

Q. And if you did not acquire

7

the information as to the possible contamination and

8

its effect at the meeting with the coroners, then do

9

I take it you learned that information before the

10

meeting at the coroner's?

11

A. Yes. Perhaps walking in or

perhaps at the start, I don't recall exactly when.

12

Q. Were you told how the Estrella

13

death had come to the coroner's attention?

14

A. I believe one of the pathologists

at the Hospital in response to the high level found

15

in the Pacsai child had discussed with one of the

16

coroners.

17

Q. All right.

18

A. That's my understanding.

19

Q. And you had that understanding

on March 21st, did you?

20

A. On the Saturday, yes, when

21

I first heard of this.

22

Q. Did you know when the Estrella

23

child had died?

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A. No. I learned about it on
that Saturday.

Q. You learned then that the child
had died in January?

A. That the child had died
previously, yes.

THE COMMISSIONER: I'm sorry, you
think that the coroner learned from one of the
residents?

THE WITNESS: No, one of the
pathologists. I believe it was one of the senior
staff pathologists.

MR. LAMEK: Q. Yes, Dr. Mancer.

A. Yes. This is second-hand,
sir.

MR. LAMEK: He will be here perhaps
later this week, Mr. Commissioner, and I am sure
he will confirm that it was he.

THE COMMISSIONER: Yes.

MR. LAMEK: Q. Were you given any
information as to when knowledge of the Estrella
digoxin level had been available to the Cardiology
Division?

A. No, sir.

Q. Did you ask?



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A. I don't remember. I don't remember, we just were told that this was there, this was found and therefore something to act on. I don't know who knew of it or that sort of thing.

Q. All right.

A. Obviously this has been discussed subsequently but at the time the major point was that this was found.

Q. To the best of your recollection, has there ever been any suggestion made by a member of the Cardiology Division that the Pacsai samples may be unreliable in some way by virtue of contamination or something of that sort?

A. Not the antemortem specimen. I would guess, as we now know, all postmortem specimens are to some extent suspect in view of the fact that there has been data forthcoming that digoxin levels go up after death.

Q. I don't mean to take you into that area because it may not be one in which you feel wholly comfortable, Doctor. I didn't refer to the interpretation of levels. Is there any suggestion that the sample itself is in any way lacking in integrity of which you are aware in the way that it is suggested that the Estrella sample is?



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A. No, not a question of contamination, only a question asked with any post-mortem specimen. The antemortem specimen that Dr. Costigan found would not be of course.

Q. Yes.

A. There was some question about one of the potassium levels which was I believe around 9. There is a question of hemolysis, when the red cells break down this causes a rise in potassium and therefore Dr. Costigan had gotten a second specimen on the Pacsai child, which I believe was in the 7 range or something.

Q. That's right. Prior to the meeting of March 21st, Dr. Carver, and I mean immediately prior to it in the period between you learning of the meeting and your going to it, were there any discussions to which you were a party, or of which you were aware, as to what you, Rowe, Fowler and the administration people would say at the meeting at the coroner's office or would not say at the coroner's office?

A. No, sir. I certainly was not party to any discussion as to what one would say or not say.

Q. Now, since the Pacsai death



D5
1
2 was to be discussed at that meeting and you knew it
3 was to be discussed, I would take it that you heard
4 from Dr. Fowler prior to the meeting the results of
5 the investigations that he carried out at your request.

6 A. I assumed this. I don't
7 specifically recall this but I assumed this would be
8 logical.

9 Q. Well, it is certainly
10 reasonable to expect that one would have asked him
11 what he had found.

12 A. Yes, exactly.

13 Q. Now, we know that the report
14 was written the previous day. Did it appear to you
15 from either the written report or from such informa-
16 tion as you obtained from Fowler orally, that his
17 investigation served to close off a number of what
18 I call innocent explanations for the Pacsai digoxin
19 level?

20 A. Certainly it closed off the
21 innocent finding of certain innocent explanations
22 as to whether there had been an error in dispensing
23 the drug, prescribing the drug or a problem with
24 the manufacturer preparing the drug at the wrong
25 strength. Those innocent explanations would have
been specifically dealt with.



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Q. Sure. By the time you went to the meeting on Saturday afternoon were you beginning to contemplate the possibility however horrible of foul play?

A. I think the presence of the police officers, the question of two children with a high level would raise foul play as a possibility, but certainly we had no proof of this.

Q. No.

A. And again, as discussed earlier, physicians would not think in this direction. One normally would try to come up with what you term innocent explanations.

Q. Well, putting it into a quasi clinical context, you had done your differential diagnosis on Thursday?

A. Yes.

Q. When you had instructed Fowler to enquire into certain things. Do I understand you to say that by Friday - by Saturday, sorry, you were adding another possibility to the differential diagnosis, the possibility?

A. A possibility, but foul play is not something that is generally in one's differential diagnosis, particularly foul play possibly within



1

2

a hospital setting.

3

Q. Was Saturday, March 21st

4

the first time that possibility had even occurred

5

to you?

6

A. Yes, sir.

7

Q. Now, we know that Miss Lund,

8

who was at the meeting of March 21st, made a note of
what had transpired.

9

A. Yes.

10

Q. That is Exhibit 183.

11

A. Yes, I just saw those notes

12

prior to this. I was just handed a copy of those.

13

Q. Do you have a copy of them

14

with you?

15

A. Yes, I have them here.

16

Q. I have an extra copy if you
like.

17

A. Oh, fine. I haven't seen

18

them until this morning.

19

Q. Well, before going to the

20

notes for any assistance they may provide to your

21

memory, Doctor, can you tell me what is your best
recollection of what happened at the meeting?

22

A. Coming in and talking about

23

the two patients who had had the high level of

24

25



1
2 diogoxin, the meeting being attended by police
3 officers, obviously putting a specific complexion
4 on the possibility of something intentional possibly
5 having occurred.

6 Q. Yes.

7 A. And I remember that we were
8 told that this was under the aegis of the coroner's
9 office and that the police were attached, I believe
10 was the term, to the coroner's office.

11 Q. And you understood that the
12 police investigation was to begin on Monday morning?

13 A. Yes, I understood that the
14 police were to come on Monday morning and initiate
15 an investigation.

16 Q. All right. You very recently
17 had an opportunity to look at the notes made by
18 Miss Lund.

19 A. Yes, very quickly.

20 Q. Perhaps we could look at them
21 together, Dr. Carver.

22 A. Fine.

23 Q. It may assist your recollection
24 in certain respects, I don't know. She records first
25 at the top of the first page of the notes what had
occurred at noon when she received a call from you,



D9 1
2 that there was a problem at the Hospital regarding
3 dosages of digoxin on the 4A/B ward. The meeting was
4 planned with the coroner at the coroner's office and
5 it was recommended that Miss Lund go to the meeting
6 with you. That I take it obviously followed Fowler's
7 conversation with you?

8 A. Yes.

9 Q. As to the meeting?

10 A. Yes, Dr. Fowler was the one
11 who learned I believe from the Coroner's office
12 that such a meeting was to take place.

13 Q. She goes on:

14 "Dr. Carver briefly explained what they
15 knew so far."

16 Do you recall what you were able to tell Miss Lund
17 at that time?

18 A. Well, again, I don't recall
19 the conversation. I see here that Dr. Fowler must
20 have informed me of the results on his report at the
21 time of the phone call because she said that she
22 asked whether the lab tests checked out and was the
23 solution tested and of course that is in his report.

24 Q. Well, certainly his report,
25 Exhibit 110 refers to his having made enquiries of
the manufacturer of the material.



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A. Yes.

3

Q. And your ability to answer

4

that question to Miss Lund suggested that you had

5

that answer from Dr. Fowler.

6

A. Yes, I must have had that

7

from Dr. Fowler.

8

Q. But she also asks you whether

9

the lab tests checked out, or were the lab tests

10

checked out. I do not see a reference to that in

Dr. Fowler's report.

11

A. My guess would be that the

12

two different lab tests checking with each other

13

may have been the factor. Of course, this would not

14

preclude both of them being wrong. As you will

15

recall there were two specimens.

16

Q. In Pacsai?

17

A. Yes.

18

Q. Yes. But you were able to

19

tell her that there was no problem, not a lab

problem that you were aware of anyway?

20

A. Yes, yes.

21

Q. All right. And then you all

22

gathered rather separately at the coroner's office,

23

you arriving last with Mr. Murray I think.

24

A. Yes, Mr. Murray picked me up

25

D10



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2

and drove me to the coroner's office.

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Q. All right. It is reported under the heading 2:00 p.m. that Dr. Bennett chaired the meeting, Dr. Teperman and Dr. Fowler gave a brief review on why the meeting was called. Do you recall what they said?

8

9

A. I do not. Unfortunately I did not keep notes of the meeting.

10

11

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Q. All right. The bottom of the page:

"There was a general question/answer and discussion on the concerns the cardiologists had."

Can you tell me please what your recollection is of those concerns of the cardiologists which were aired at this meeting?

17

18

19

20

A. I don't remember this discussion. My main recollection is the concern about the two levels. It would seem from these notes that there was some concern about what was in the literature, she says here.

21

22

23

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Q. Yes, digoxin blood levels in the literature, yes.

A. Yes.

Q. On the second page there was



D12

1
2 a discussion on how to proceed to follow-up on
3 concerns everyone had. Do I take it that your
4 recollection as to the concerns expressed is not
5 clear. My main recollection of the meeting was
6 that this was about two patients who had expired
7 who had high digoxin levels and therefore concern
8 that there was something occurring that obviously
9 had to be found out about, whatever it was.

10 Q. All right. She goes on:

11 "There was to be an investigation by
12 the two officers present. Only their
13 immediate superior was to be told
14 about the investigation. We were
15 not to discuss it with anyone."

16 Do you recall any discussion leading
17 to those two edicts?

18 A. No, sir. No, sir, the only
19 thing that I recall in that area is that, and again
20 this is not totally clear, but that there was some
21 emphasis that the two officers were working under
22 the coroner's office rather than under the police
23 I believe, and I do recollect that because it struck
24 me as a fine point of delineation at the time.

25 Q. That's right, that's two lines
further down I think:



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"The police requested office space and were not to be identified as police only as officers in the coroner's office."

A. Yes.

Q. Do you recall that?

A. Yes.

Q. The final paragraph under that part of the notes, and half way down the page is:

"The HSC people stood around and made general comments and raised questions, et cetera."

Do you have any recollection of any comments or questions made or raised by the Hospital people at the end of that meeting?

A. No, sir.

Q. Do you have any particular recollection, Dr. Carver, of there being reference at that meeting to the possibility of contamination of the Estrella sample?

A. I don't recall.

Q. I understand that you did not learn of the death of Allana Miller until you returned to the Hospital after the meeting of



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D14

March 21st?

A. That is correct. I went from that meeting to the Hospital and then Dr. Costigan met me in my office and told me that another child, Allana Miller, had died on the ward, that digoxin level had been drawn but because of the weekend there was going to be a delay in determining this.

I requested that special procedures be instituted so that that digoxin level be developed as quickly as possible. I think I specifically asked him to call Dr. Soldin and stated that we needed this right away.

Q. Just before we come to the events following the meeting. Do you recall any reference at the meeting in the afternoon of March 21st, any reference by anyone from the hospital to the fact that another child had died in the early hours of that very morning?

A. I don't remember that having been raised.

Q. When you left the coroner's office, did you return to the Hospital directly?

A. Yes, Mr. Murray took me to the Hospital.

Q. Following the meeting, and I



1
2 am thinking now about the immediate period following
3 the meeting and not the latter part of Saturday
4 evening, do you recall any discussions with Dr. Rowe
5 or Dr. Fowler as to what had occurred at the meeting?

6 A. No. I left the meeting. We
7 may have chatted, I don't remember if we did, what
8 was said, and then I went to the Hospital.

9 Q. All right. And there
10 Dr. Costigan told you of the death of Allana Miller.

11 A. Yes, sir.

12 Q. And he told you that digoxin
13 levels had been ordered but it being the weekend
14 wouldn't get them until Monday.

15 A. I believe Monday; at least
16 Sunday perhaps Monday.

17 Q. All right.

18 A. Because of people not working
19 on the weekend, that sort of thing.

20 Q. And you have now said, rather
21 delicately, I suspected, that you requested that
22 special arrangements to be made to get them a good
23 deal faster than that.

24 A. Exactly.

25 Q. You wanted them that evening.

A. I wanted them as soon as



D16

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possible.

Q. Right. What was your response to the mere information about the death of Allana Miller in the early hours of the morning of the 21st?

A. That in view of the preceding meeting, that it was essential to determine whether there was an abnormality of the digoxin level, that this might not have been unusual, this was another child on a ward where there were very many sick children, but in view of what had transpired that it was essential to find out.

Q. Of course. Did you have any discussion with Dr. Costigan as to the appropriateness of advising the coroner either formally or informally of the death of that child even before you received the digoxin level?

A. I don't recall.

Q. Did that occur to you as something as might be done?

A. I don't recall. We didn't inform him at that point, so, I assumed that we didn't feel that the death of a child at that time without a digoxin level merited calling the coroner at that point.

Q. All right. Now, did you stay



1

2

at the Hospital to await the digoxin results?

3

A. No, I left the Hospital.

4

Q. You limped off home with

5

your broken leg, did you?

6

A. Yes, sir.

7

Q. And you later that evening

8

heard the level?

9

A. At 8 o'clock I recall that

10

the beeper went off and it was Dr. Costigan informing

11

me that the digoxin level was high for the Allana
Miller child.

12

Q. And what was your response

13

to that information?

14

A. To immediately call

15

Dr. Fowler and ask Dr. Fowler to immediately call

16

the Coroner to inform him of this and also to arrange

17

a meeting back in the Hospital to take what steps

18

one could in view of this third, at the time, level
of digoxin being beyond what one would expect.

19

Q. And I take it, Doctor, that

20

the news of the Allana Miller digoxin level served

21

to raise your concerns about the possibility of

22

foul play in this situation?

23

A. Certainly there was a concern

24

about the possibility of foul play. Certainly,

25



1
2 although this was a possibility, I believe that one
3 had to proceed to safeguard children with this as a
4 possibility.

5 Q. Sure. So, you returned to
6 the hospital on Saturday evening?

7 A. Yes, sir.

8 Q. And Dr. Costigan was already
9 there?

10 A. Yes, Dr. Costigan was already
11 there, and Dr. Mountstephen, one of the associate
12 chief residents was there.

13 Q. And did Dr. Fowler arrive?

14 A. Yes.

15 Q. And you met in your office?

16 A. Yes.

17 Q. And what was the discussion
18 there?

19 A. The discussion was dealing
20 with the fact that these three patients had a high
21 digoxin level and as to what steps should be taken
22 immediately to prevent further problems if indeed
23 there was foul play occurring or, again, if this
24 were accidental, to further tighten up the dispensing
25 of the digoxin as one of the steps dealt with, not
only the nurses - two nurses signing - two nurses



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checking but actually signing off that they had checked digoxin levels with each other; this pertaining to the possibility of accidents occurring with respect to dispensing of the drug.

Q. Sure! Now, Dr. Teperman was not present for the first part of your meeting in the evening?

A. No, sir. But Dr. Fowler had contacted Dr. Teperman. He had been asked to and he contacted him.

Q. Dr. Teperman arrived later.

A. Yes, sir.

Q. What, about 11 o'clock?

A. I believe was 11 o'clock.
I believe the decisions had been made with respect to the steps that would be taken.

Q. Prior to his arrival?

A. Prior to his arrival.

Q. Because indeed your notice was dated prior to his arrival, is it not?

A. Yes. I see it is 20 to 25 hours.

Q. Yes, that was before 10:30.

A. A little before 10:30.

Q. And we know what those orders were?



D20

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A. Yes.

3

Q. We have already been through

4

those?

5

A. Yes.

6

Q. Did you make any attempt to

7

contact Dr. Rowe on the evening of March 21st?

8

A. I don't recall. Dr. Fowler

9

was the responsible physician in charge of the ward.

10

Q. Yes.

11

A. And therefore I dealt directly

12

with him. I don't know whether we tried to contact

13

Dr. Rowe or not. We may well have, but I don't

recall.

14

Q. All right. And were Drs.

15

Costigan and Mountstephen sent off to implement the
instructions?

16

A. Yes, Drs. Costigan and

17

Mountstephen went on to the wards to speak with the

18

head nurses on each ward with respect to locking up

19

all of the preparations.

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They also took an inventory of their own which Dr. Costigan has prior to all the digoxin being locked up, and they went through the whole Hospital.

Now the second day a Miss Rappaport from the pharmacy went through and made a second inventory.

Q. Yes.

A. Of what was locked up, and what else she could find. In a few instances she found that there was some dig. that they didn't find. Also subsequent to that some digoxin appeared. She said that a week later some appeared from Radiology, which is understandable in trying to find out ...

Q. Yes.

A. She also removed the digoxin that had been locked up from the medication cabinets and replaced it with a set amount in each instance.

She also had a written inventory which I have a copy of. She called me at the end of Sunday to inform me that her work had been done.

Now as Dr. Costigan has pointed out or as Miss Rappaport has pointed out if one subtracts his inventory from her inventory one could then find the amounts that she had found.



E.2

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Q. Yes.

3

A. No digoxin, no parenteral digoxin

4

was found in the crash cart of 4A/B. I believe this

5

question has arisen before and Dr. Costigan states

6

this - I have spoken with him at the end of last week

7

and he states in his inventory this is quite clear.

8

Q. I take it parenteral digoxin is
the only digoxin --

9

A. The injectable kind.

10

Q. -- the only kind that you would

11

be looking for on a crash cart?

12

A. Yes, sir.

13

Q. You are not likely to administer
oral digoxin?

14

A. No, sir. As has been pointed out,

15

the necessity of digoxin being on a crash cart had

16

been questioned. When Miss Rapaport went to the

17

Operating Room she found some there. She found she

18

had a discussion with the people that they thought

19

that they needed it and she discussed this with

20

Dr. Rowe and he pointed out that it was not needed

21

and it was locked up.

22

Q. Indeed we have heard from him
he wouldn't expect to find digoxin on a crash cart.

23

A. Exactly.

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Q. But none was found either by
Drs. Costigan or Mountstephen or Miss Rappaport?

A. On 4A/B. There was some found
on some of the other wards and Dr. Costigan has a
specific inventory of that.

Q. When Dr. Teperman arrived later
in the evening --

A. This had all been initiated.

Q. That had all been done?

A. Yes.

Q. Or at least Mountstephen --

A. They were off --

Q. They were off working on their
errands?

A. They were off working.

Q. What discussion occurred between
you and Dr. Fowler and Dr. Teperman?

A. I believe that we met in
Dr. Fowler's office and that we had discussed all the
steps we had taken with him.

I believe at the time the question
arose because probably at that time, and my recollection
isn't clear, but probably at the time it was apparent
that the same nursing team had been involved with the
Pacsai child and Allana Miller; the question arose as



E.4

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to whether the nurses should be relieved of their duty,
and his was advice that this was not appropriate at
the time.

5

Q. That was on the Saturday night?

6

A. That was on the Saturday night.

7

8

Q. Was any decision made to
accelerate the beginning of the police investigation
at that time?

9

10

11

A. Not to my knowledge. Now I assume
that Dr. Teperman had contacted the police and they
perhaps had had a discussion.

12

Q. Yes.

13

A. But I was not aware of that.

14

Q. Doctor, what time did you get
home on Saturday night or Sunday morning?

15

16

A. Probably some time after midnight
as I believe.

17

18

Q. About 5 o'clock in the morning
you received another telephone call?

19

20

21

22

A. Yes. Dr. Fowler called me and
told me that another child had died, that the Cook
child had died on 4A/B, and naturally in view of what
had occurred before both Dr. Fowler and I were
concerned about digoxin.

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24

25

Q. Yes.



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A. And therefore we agreed that immediate digoxin levels should be taken at this point because of the possibility of an non-innocent explanation.

I had also requested that determinations be made of other substances which possibly could be used to cause harm to a child, that glucose be determined, if somebody had given insulin to lower this insulin, potassium and calcium as I recall.

Q. Yes.

A. I learned that the child had an IV running and that because of the IV running I called Dr. Jedeikin who was a Fellow and I asked him to keep the IV fluids so that determinations could be made if there was anything inappropriate in the IV fluids, specifically digoxin or any other substance the coroner thought would be appropriate to check.

Q. Do you know whether the screen for other drugs was in fact carried out on the samples taken from Justin Cook?

A. I don't know specifically.

Q. It became rather ^{also} epidemic when the digoxin level became known.

A. Yes, sir.

Q. Did you at 5 o'clock in the



E.6

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morning on Sunday, March 22nd, instruct Dr. Fowler
to report the Cook death to the coroner at that time?

3

4

A. Yes, sir.

5

Q. All right. And that was done
as you have stated?

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A. Yes, sir. I felt that in view
of everything that had occurred the coroner should be
immediately informed.

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Q. When did you learn of the Cook
digoxin levels?

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A. The next morning. I don't
remember how long but fairly quickly.

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Q. Now Dr. Soldin's Sunday morning
was interrupted as I recall it.

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A. Yes.

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Q. And they were immediately
reported to the --

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A. Yes, and this initiated the
police investigation. Otherwise it had been planned
the night before between the coroner and the police,
I don't know.

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Q. Anyway, on Sunday, March 22nd,
the police investigation began in earnest and the
police were present in the Hospital?

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A. Yes, sir.

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Q. Now we will be dealing with everything that went on then some time from now I promise you, Dr. Carver, but have we now dealt with all your involvement in the matters with which the Commission is concerned up to March 22, 1981?

A. Yes, sir, except for the additional steps that were taken that day.

Q. All right.

A. Of adding a supervisor, nursing supervisors, to the floor to go ahead and check on the digoxin.

Q. Yes.

A. Also the night before we had been concerned about the digoxin, and therefore decided that a digoxin level would be determined for all of the children on the ward with a view to seeing if any of them who was not clinically ill because of toxicity had a high level of digoxin, and that was kept up on a daily basis for a while. Then of course subsequently we talked about the inventory, and then finally the nursing team with the concurrence of the police was relieved of duty.

Q. Yes. One other thing, Doctor: the decision to treat digoxin as essentially a narcotic drug --



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A. Yes. I believe I used that term in my note that this would be a closed drug and treated as a narcotic and locked up. Normally as you know digoxin is not locked up in a hospital.

Q. And were you the author of the proposal to treat it in that way?

A. Yes.

Q. As of the evening of Saturday, March 21st?

A. Yes, I believe so.

Q. Has Dr. Rowe or has any other staff cardiologist at any time ever told you that there was scheduled a further review of deaths occurring on the ward in January, February and March, scheduled to begin on Monday, March 23rd?

A. I don't recall being told that.

Q. Do you recall any reference to such a review being planned at the meeting on March 21st with the coroners?

A. I don't remember that.

Q. Dr. Carver, those are my questions of you, thank you very much.

MR. LAMEK: Maybe the Commissioner will give you a short break before other people ask you questions.



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THE COMMISSIONER: Yes, I think that is reasonable.

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Obviously Mr. Scott and Mr. Ortved will go first, and then is there any reason why there should be any change thereafter?

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All right then, we will have Mr. Scott after we take 20 minutes.

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--- Short recess

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--- On resuming:

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MR. YOUNG: Before we get under way, I wonder if I might just speak to you about Mr. Scott's request for the notes.

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THE COMMISSIONER: Yes.

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MR. YOUNG: I just informed Commission counsel that I am now - my understanding is that there may indeed be notes. One of the officers is involved in a homicide investigation today and the other officer is going to be speaking with him, and I am hopeful that I will have some notes for you this afternoon first thing.

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I would ask, though, that we be permitted to conduct our cross-examination - we would be ready at 2:30 this afternoon to do so, and I suspect it will be a short cross-examination, but I would like to have an opportunity of having the lunch hour

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to review the notes and conduct cross-examination at
that time.

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THE COMMISSIONER: I don't think that
there will be any problem, Mr. Young. I think we can
fill in.

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MR. YOUNG: Surely. I did a straw poll
earlier.

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THE COMMISSIONER: If we can get some
sort of indication. What about Mr. Brown and Mr.
Strathy? How long do you think you will be?

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MR. BROWN: I have no questions of
this witness.

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THE COMMISSIONER: Mr. Strathy?

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MR. STRATHY: About 15 or 20 minutes.

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THE COMMISSIONER: Mr. Hunt?

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MR. HUNT: 15 minutes.

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THE COMMISSIONER: Well, that will do
I think with what Mr. Scott and Mr. Ortved do. I
think that will take us up to ... even if we have to
go out of order can you go ahead? If you find your-
self being called on before 1 o'clock can you go ahead?

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MS. SYMES: Yes.

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THE COMMISSIONER: So there is no
problem.

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MR. HUNT: The notes of Dr. Teperman

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in total have been provided to Commission counsel and they include certain notes that he had with respect to the meeting of the 21st. I understand they were not made at the meeting; they were made some time after the meeting relating to it.

THE COMMISSIONER: What is your position?

MR. HUNT: Inasmuch as they have been turned over to Commission counsel I certainly don't have any objection to produce them at this time. His notes cover a wide variety of topics and not just that meeting, so I would ask my friend simply to consider excising the portion that relates to that meeting at this point in time.

THE COMMISSIONER: Does this ring a bell with you?

MR. LAMEK: Well I am glad to have Mr. Hunt say he has no objection to producing the notes as they relate to the meeting of the 21st. Since that is the extent of the request to date I don't see why we shouldn't do that and have that ready for this afternoon as well.

MR. SCOTT: You would like some more notes?

MR. SCOTT: I don't understand, frankly, the theory --



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THE COMMISSIONER: No, no, there may be notes for counsel on something else, but if they are notes taken of a meeting I wouldn't think there is any problem about it, but do we have to argue the other problem now?

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MR. SCOTT: We might as well argue it now. I don't want to be too testy on Monday, but the scheme under which the Commission is being run is that of course the doctors and staff of the Hospital are giving evidence first, and we have, and there will be exceptions where we failed, but we have in our interviews with Mr. Lamek done all that we can to provide all the notes that we have, and we frankly have no objection to Commission counsel distributing them at large, and indeed I think that has been done.

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THE COMMISSIONER: Well --

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MR. SCOTT: Now the problem is that other parties whose evidence will not be called for some time are, at least as far as we are concerned, playing it a little closer to the vest than that.

Mr. Hunt, for example, has said I just want you to have the coroner's note on this meeting.

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It seems to me fair that if there was a meeting with the doctors on Sunday, if Dr. Teperman



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has a note about what happened when he went to the Hospital on Saturday night, that the doctors as they are giving evidence should be given the advantage of the opportunity of permitting their evidence to be amplified by reference to those notes.

THE COMMISSIONER: Yes. I think probably contemporaneous notes taken will probably always be released. That is probably the order I will make. But if something has been made by the client for the benefit of the counsel, that is quite different.

Now Miss Chown objected last week to the summaries being given. I upheld her on that question, and I think if this is some kind of a note that may have been made for Mr. Hunt, and it is not something that is made contemporaneously, I would have some question about releasing it.

Now I have no idea what the note says, and we are arguing about things we don't know anything about. Can we leave it with Mr. Lamek to tell us just what the nature of the report is and then based upon that we can - perhaps you may not want it but I think that is unlikely, but perhaps we will concede that you are not entitled to it.

MR. LAMEK: May I say this,



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Mr. Commissioner, I had forgotten what the balance of the note was about. Miss Cronk reminded me that it is in fact a continuing set of notes by Dr. Teperman going right through to January, 1982. I know Mr. Scott would be the last person in this room to want us to produce notes of the ongoing investigation.

THE COMMISSIONER: Yes.

MR. LAMEK: It may be that I can isolate those notes which run to Sunday, the 22nd, or possibly Monday, the 23rd, the last date that Dr. Carver has referred to and produce those for the time being.

THE COMMISSIONER: Yes. See if you can do that --

MR. LAMEK: Yes.

THE COMMISSIONER: And see if you can get Mr. Young's consent before --

MR. LAMEK: Yes. I don't believe any of these notes were made for the purpose of instructing counsel. They were contemporaneous notes at the time of the event.

THE COMMISSIONER: Yes, but they probably would not be relevant at this time.

MR. LAMEK: No, no.

THE COMMISSIONER: And Mr. Scott may



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well be entitled to have them for the second phase.

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MR. LAMEK: Yes.

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MR. SCOTT: Well, it isn't my function to turn that into a ruling, but do I now have a ruling that my friends will produce those notes up until Monday, March the 23rd of whatever year we are talking about?

THE COMMISSIONER: I think you have something fairly close to an undertaking. You haven't got a ruling. I am the one that is supposed to make the rulings.

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MR. SCOTT: I know.

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THE COMMISSIONER: And I don't make rulings unless I have to, as you probably have heard, and it may be totally unnecessary to make a ruling. But if he starts being difficult this afternoon then we may have to make a ruling.

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MR. SCOTT: And we are talking when we talk about Dr. Teperman, we are talking about Dr. Bennett or --

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THE COMMISSIONER: Oh, yes, we are talking about anybody that --

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MR. SCOTT: And any police officer?

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THE COMMISSIONER: Well, yes, I think the police officers' notes are being - isn't that what I understood from you?



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MR. YOUNG: That is correct.

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THE COMMISSIONER: Aren't they being --

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MR. YOUNG: And to be clear, Mr.

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Commissioner, I didn't think it was necessary to say this, but this does not include any notes made recently by Mr. Percival or myself.

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THE COMMISSIONER: No.

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MR. SCOTT: Well, I am paid on a per diem basis. I guess if the Commissioner were paid on a per ruling basis he would be in quite serious trouble.

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MR. LAMEK: Just before we leave the question of notes, Mr. Commissioner, may we now have it that any notes that exist in the Hospital to the knowledge of Mr. Scott have now been made available with respect to this meeting?

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MR. SCOTT: The key question is I think to the knowledge of Mr. Scott.

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Now things keep developing. As you send us out to interview more people we find that there are more notes, but at the moment --

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THE COMMISSIONER: The knowledge of Mr. Scott or his advisers.

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MR. SCOTT: Oh, yes.

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THE COMMISSIONER: Because sometimes they may keep it from you.

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MR. SCOTT: Without that there would be very limited knowledge indeed. But the Hospital is a big institution, and of course it may be that other things will come to light.

I think, for example, Mr. Murray may have kept a note of this meeting. I think it is virtually - it is only a line or two - that the meeting took place, but I will see if I can get that for you.

MR. YOUNG: Not to belabour the point, Mr. Commissioner, but in phrasing his question Mr. Lamek asked that we have all the notes of any Hospital personnel concerning the meeting. I noticed that Mr. Scott had earlier asked for notes dealing with the weekend. I think that was up until the time that clearly this matter would cover, and I, too, would second that request. I imagine Mr. Scott would forward those notes if indeed he had any subsequent to the meeting before the second phase began.

MR. SCOTT: We have submitted all the formal records that we have. It happens that from time to time there are individuals in the Hospital like Dr. Carver whose notes we forwarded long ago who may have kept a note.

I think the Commission counsel has all



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of that material. If any other comes to my attention I will forward it to him and he can deliver it forthwith to anybody else who wants to see it.

THE COMMISSIONER: Yes. All right.

Thank you.

MR. SCOTT: Yes.

EXAMINATION BY MR. SCOTT:

Q. Cardiology is a division in your department?

A. Yes, sir.

Q. How many other divisions are there?

A. I believe that we have about 20 people who have either the title of division chief or are people who are program directors which would be the equivalent.

Q. Could you just tell us the name of those divisions quickly?

A. There is the Neonatal Division; there is the Infectious Disease Division; the Endocrinology Division. The Gastroenterology Division. Nephrology Division. Neurology Division. Immunology Division. There is a Genetic Metabolic program which would be the equivalent of a division.

There is also within Genetics a group



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dealing with syndromes which would be the equivalent of a division. There is an Adolescent program which is the equivalent of a division. The Ambulatory, the General Ambulatory program is under a person with a division chief's status.

Allergy is a division. Nutrition is a division. Pharmacology is a division.

Q. All right.

A. I think I have hit most of them.

Q. All right. And all of these divisions report to you?

A. Each division has a division chief selected by a search committee who would directly report to me. Also these are the people who would go to the division chiefs' meetings alluded to earlier.

Q. Yes. And I take it it goes without saying that the division chief --

A. Or General Paediatrics if I hadn't mentioned that which is a key division we created. That is another division.

Q. And each division chief is an expert in the area with which his division is concerned?

A. Yes, sir. Very definitely so. The division chiefs are chosen by search committee for their expertise in the sub-specialty area, both



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clinical and academic, and in many cases also research.

Q The less flattering aspect of the matter to which I was going to turn really was that you are not an expert in most of the divisions that are under your supervision?

A I would in no way claim to know the amount of cardiology that Dr. Rowe or the members of his division know.

Q Yes. And that is true of other divisions although I think you have a specialty in infectious diseases?

A Yes. My own sub-specialty interest is infectious diseases. Indeed I was a division chief at Johns Hopkins of infectious diseases.

Q All right. Now I think you told Mr. Lamek that after you got a digoxin reading on Pacsai you phoned Dr. Fowler or you spoke to Dr. Fowler?

A Yes, sir, and also Dr. Rowe, but I believe Dr. Fowler first.

Q And you asked Dr. Fowler to make an investigation and a report?

A Yes.

Q And you have in front of you I think a copy of that report?



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A. Yes.

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Q. And that conversation was on the

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18th of March?

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A. Yes.

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Q. And that would be the Wednesday?

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A. Yes. Wednesday morning.

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Q. And was this face to face or was

it by telephone?

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A. By telephone.

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Q. Would you just turn to page 2

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of that report? I take it that when you had that

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telephone conversation Dr. Fowler told you that he

13

had already caused the Pacsai death to be reported to
the coroner?

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A. That is correct. He was

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concerned with the behaviour of one of the parents.

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Q. Yes. And he told you why he

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had regarded it as a coroner's case?

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A. Yes.

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Q. And he says in his report half

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way down:

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"I discussed it with Dr. Teperman

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at the coroner's office and he felt

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that it should be a coroner's case."

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And did he report the gist of that to you?

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A. Yes.

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Q. Then he says:

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"I discussed the case with him on

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March 18th and informed him about the

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findings of high dig. levels."

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A. Yes.

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Q. Now what I want to ask you is in

9

your telephone conversation with Dr. Fowler on March

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18th, did he tell you that he had already taken the

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dig. levels to the coroner in the case that had

previously been reported?

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A. No. I don't believe - I don't

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recall his having - by "previously reported", this

patient?

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Q. Yes.

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A. I don't believe he had, but I

16

can't recall.

17

Q. No, the patient we are talking

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about here is Pacsai.

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A. Yes.

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Q. All right. He told you that he

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had already reported Pacsai to the coroner?

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A. Yes.

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Q. Which he thought was a suspected

child abuse case?

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A. Exactly.

Q. Now in that letter he says that I discussed this case with him, being Dr. Teperman, on March 18th, and informed him about the finding of high dig. levels.

A. Yes.

Q. Now what I want to know is do you know from your conversation with Dr. Fowler on March 18th whether that conversation had already taken place or whether it occurred later on March 18th or whether he told you about it?

A. I don't know whether he had called him before.

Q. All right.

A. The 18th is the day that I had asked him to call him. But whether he called before or was aware of that all before, I don't know.

Q. But in any event if Dr. Fowler's memo and his evidence is to be accurate, it is apparent that the coroner knew about the dig levels in Pacsai on March 18th?

A. Yes. Definitely.

Q. Now you have told the Commission that when you came to the meeting on Saturday, the 21st, one of the baby deaths that was being discussed was Estrella?



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A. Yes.

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Q. And that it was apparent that the

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persons at the meeting and in particular the coroner

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knew of the readings in the Estrella case?

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A. Yes.

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Q. And they knew that by the commencement of your meeting?

A. Yes.

Q. On the 21st?

A. Indeed, the cause of the meeting was the fact that the two children had high digoxin levels.

Q. Now was it made clear, or was there anything said about it at the meeting as to who had told the coroner about the dig levels in the Estrella case?

A. I don't remember when I learned about it, but I believe that at some point I learned that one of the senior staff pathologists had given this information to the coroner.

Q. But there was no doubt that the coroner had that information by Saturday?

A. Definitely they knew that by Saturday.

Q. Now at this meeting there was two police officers?

A. Yes, sir.

Q. Who had invited the persons to attend this meeting insofar as you and the other doctors knew?

A. To the best of my knowledge the coroner had called the meeting. I was informed



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by Dr. Fowler and I called the administrators.

Q. And do you know who invited the police?

A. I assumed the coroner but I don't have that as a fact.

Q. Had you ever met these police officers before?

A. I don't believe so. They may have been involved in other coroner's cases but I don't specifically remember if I had.

Q. Now the meeting took some two hours or so?

A. Approximately.

Q. I take it there were no records at the meeting with respect to these children, or charts?

A. Not that I remember.

Q. Or anything of written material about the children?

A. Not that I remember.

Q. And I suggest to you, Dr. Carver, that one major issue discussed at the meeting was how the coroner, or the police, would conduct their forthcoming investigation?

A. This would seem logical.



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Q. I don't want you to assume

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that it is logical because my logic is much

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criticized by my colleagues.

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A. Yes.

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Q. I just want to know if you

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recall anything about that?

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A. All I remember is that the

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two patients were the basis of the meeting, and that

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the meeting resulted in a decision that the police

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would come to the hospital on Monday and conduct an

investigation.

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Q. And who was to take charge of

13

that investigation?

14

A. The police.

15

Q. Now in Miss Lund's notes ---

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A. Under the coroner's aegis as

I have mentioned earlier.

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Q. But not the hospital?

18

A. No, sir.

19

Q. Now in Miss Lund's notes under

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the general heading "Impression" and I don't think

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you have to go to them for this purpose, she says

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that following the meeting she had a sinking feeling

23

about the events. How would you characterize your

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feeling about the events at the hospital when you

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2 left the coroner's meeting and had heard what the
3 coroner and the police and your own doctors?

4 A. Grave concern that something
5 of a serious nature had occurred, which was not
6 explicable at the time and that there was a possibility
7 of possible harmful action.

8 Q. Miss Lund says, and this
9 note is made some time I think after the event.
10 Her impression is:

11 "I had a sinking feeling that somebody
12 is doing this intentionally."

13 Would that be a component of the
14 feeling that you had when you left the meeting?

15 A. Yes, I think this would be
16 a definite possibility.

17 Q. But the police were there at
18 the time?

19 A. The police were at the coroner's
20 office, yes sir.

21 Q. And did they tell you that
22 their investigation was going to begin on the following
23 Monday?

24 A. Yes, this was Saturday and on
25 Monday they were to arrive.

Q. Well now you then told the



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Commissioner that you went to the hospital right after
the meeting, and that would get you there very
shortly after 3 or 3:30 in the afternoon?

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A. I believe that is correct.

6

Q. And that you spoke to Dr.

7

Costigan about the digoxin level, or the digoxin
serum that had been taken on the Miller baby?

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A. Yes.

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Q. And you told the Commissioner

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that normally that would not be available until

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Sunday, or perhaps as late as Monday?

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A. Yes.

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Q. But in light of the circum-

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stances you expedited that, to use a lawyer's phrase?

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A. That is correct.

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Q. And in the circumstances were

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what you had been told by the coroner and the police
at this meeting?

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A. Yes.

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Q. And therefore you had the

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reading by 8 o'clock?

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A. That is correct.

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Q. And it was elevated?

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A. Yes.

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Q. Did you call Dr. Teperman

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immediately and leave a message for him?

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A. I asked that Dr. Fowler
as the responsible physician dealing with the patient
call Dr. Teperman immediately, which he did.

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Q. And how shortly after the
arrival of the reading would that have occurred?

8

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A. As soon as I found out I
called Dr. Fowler, and I assume that he immediately
called Dr. Teperman.

10

11

Q. Would you have told Dr. Fowler
about it say at 8, or 8:30, or thereabouts?

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A. If I found out at 8 he would
have known at 8:05.

14

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Q. And awaiting Dr. Teperman you
then convened a meeting in your office?

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A. That is correct.

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Q. And this meeting was to deal,
among other things, with the hospital's response to
the Miller readings?

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A. The Miller readings in view of
all the other information we had at the time.

22

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Q. Now can you tell us just again
who was at that meeting in your office?

24

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A. In addition to Dr. Fowler and
myself, Dr. Costigan the Chief Resident, Dr. Mountstephen



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2 the Associate Chief Resident and a nursing supervisor.

3 Q. Do you remember the name of
4 the nursing supervisor?

5 A. I don't.

6 Q. Are you certain there was a
7 nursing supervisor present?

8 A. Yes I am certain there was
9 a nursing supervisor in the office.

10 Q. I take it what that meeting
11 confronted was the fact that you had Pacsai readings?

12 A. Yes.

13 Q. And you had the readings for
14 Miller which had just come out of the lab?

15 A. Yes, and also the background
16 information on Estrella.

17 Q. Well now was it at that
18 meeting that the hospital discussed, or that the
19 administration which includes you for these purposes,
20 discussed taking the steps that you have ultimately
21 told the Commissioner were taken?

22 A. Yes at that point sitting in
23 my office the decision was made to take the steps
24 we have discussed.

25 Q. And then the coroner came along
about 11?



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A. Yes.

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Q. He had been at the hockey game
had he?

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A. Yes.

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Q. Shortly after he arrived did
it come to your attention that the same team had been
on the ward for both the Pacsai and Miller deaths?

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A. At some point, just at about
his arrival this became apparent that perhaps from
the nursing supervisor that the ---

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11

Q. I'm sorry, go ahead.

12

A. ...that the same team had been
on for the Miller and Pacsai deaths.

13

14

Q. The question I wanted to ask
you to see if you have an answer is, can you tell

15

us whether that information came to you from Dr.

16

Teperman, from the nursing supervisor, or from somebody
else?

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A. I believe it would not have come
from Dr. Teperman since he came and we raised this
question with him. I would be guessing, but the logical
person would be the nursing supervisor.

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Q. And when this information came

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to your attention that evening, was it coming to your

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attention for the first time?

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A. I believe so.

Q. And did you yourself give consideration to what should be done in light of the fact, as you then knew, that the same nursing team was on for both Pacsai and the Miller baby?

A. Yes.

Q. And what did you consider doing?

A. I considered recommending that that nursing team be relieved of duty in view of the fact they had been on for both patients, not in any sense in an accusatory sense, but just that they were on in both situations.

Q. Would there have been any difficulty implementing that decision if it had been taken forthwith?

A. It would have had to have the approval of the hospital administration, et cetera.

Q. Leaving aside the approval that would be required, would there be any practical difficulty in implementing it that evening?

A. No, this as you know was done the next evening.

Q. Well just answer my question.

A. Yes.



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Q. And I take it if the approval of the administration was required for that you would have been prepared to make a recommendation?

A. Yes.

Q. Do you have any reason to believe whether your recommendation would have been accepted or rejected?

A. I don't know.

THE COMMISSIONER: I am sorry. Would you have been able to get approval that evening?

THE WITNESS: I would assume so because I think the fact that we were able to get approval *Subsequently* ~~certainly~~ would indicate that such approval should be forthcoming.

THE COMMISSIONER: You are talking about Saturday?

THE WITNESS: Yes.

THE COMMISSIONER: This is Saturday evening?

THE WITNESS: Yes.

MR. SCOTT: No, Saturday night, sir.

THE COMMISSIONER: I said evening.

MR. SCOTT: I am sorry, I thought you said meeting.

THE COMMISSIONER: No, Saturday evening.



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The hospital, who would be approving, was it the Board of Governors?

A. I don't think you would have to go that high in the governing system. I think it would have to be approved by the Executive Director or his stand-in, certainly the Director of Nursing would have to approve, I would think certainly the nursing level would be the most likely level and I think perhaps with the implications of such a move it would have to go higher into the Administration.

THE COMMISSIONER: When you did actually make the order the following day who was it?

THE WITNESS: I checked with the Administration, I don't remember which administrator, it is in my deposition I believe to the police, but we did check with the Administration, I think it was Mr. Murray, I am not sure.

THE COMMISSIONER: What I am really getting at is it just really one telephone call I would have to make, or do you have to have sort of an assembly.

THE WITNESS: No I think a phone call under extraordinary circumstances, a direct phone call to the administrator in charge and if they agree this would occur. Just as if one were^{to,} in another instance,



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to close a ward, this is just notified and the reasoning being logical it is approved.

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THE COMMISSIONER: Thank you.

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MR. SCOTT: Q. Were you prepared to take that step?

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A. Yes, sir.

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Q. Now when Dr. Teperman arrived did you consider it appropriate to discuss that possible step with him?

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A. Yes.

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Q. Can you tell us why you considered it appropriate to discuss it with Dr. Teperman?

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A. An investigation was about to begin and this got into an area which could be interpreted as having an effect on the investigation. Therefore I thought the legal authorities should be involved in the decision.

23

24

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Q. Now did you obtain any advice from Dr. Teperman as to what you should do?

A. The advice was that the nurses were not to be removed at that time.

Q. And did you therefore act as he suggested?

A. Yes.



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Q. And I take it that the team
remained on that night?

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A. Yes.

5

Q. And then you told Mr. Lamek
that you went home?

6

A. Yes.

7

Q. And at 5 o'clock you heard that
the Cook baby had died?

8

9

A. That is correct.

10

Q. And I think Dr. Fowler phoned
you?

11

12

A. Dr. Fowler phoned me.

13

Q. And you directed him to phone
the coroner?

14

A. Yes.

15

Q. Now, the police were - at the
end of the Saturday afternoon meeting, the police
had indicated to you, I think you told us that they
would be coming in on Monday morning to do their
investigation?

19

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A. That is correct.

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Q. Did they in fact come in on
Sunday morning?

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A. They came in on Sunday morning.

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Q. Did you meet them and give them

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what assistance you could?

A. Yes. And also the cardiologists met with them.

Q. And principally who was that?

A. Dr. Rowe and I believe Dr. Fowler.

Q. We will be dealing with the investigation at a later phase in this Inquiry. Did you take two of the police officers up to the ward at their request?

A. I did not but Dr. Rowe I believe took at least one of the police officers onto the ward.

Q. Was any request made of you before they went?

A. I was asked to provide a laboratory coat for one of the police officers.

Q. Why was that?

A. I assume to minimize any concern by the people seeing a strange person on the ward and therefore that this would, the person coming up would appear to be one of the staff of the hospital.

Q. Well, there are parents on the ward from time to time with some regularity, are



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there not?

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A. Yes.

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Q. And indeed they sleep over on

5

occasion?

6

A. Yes.

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Q. And there are visitors?

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A. Yes.

9

Q. Do they wear white coats?

14

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A. No, sir.

11

Q. In any event the police officer

was provided with a white coat?

12

A. Yes.

13

Q. Did he make a joke about it?

14

A. Yes, one of the police officers

15

commented to the other that he didn't look like a

16

doctor with his white coat on because he was still

wearing a tie and he should remove his tie.

17

Q. Was it your understanding that

18

he wanted to look like a doctor or a staff member

19

when he made this review?

20

A. I would assume that.

21

Q. Well now I take it the next

22

evening you again spoke to the coroner about taking

off the nursing team?

23

A. I spoke with the police, I did

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not speak with the coroner and the police agreed to
the removal of the nursing team.

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Q. Did you then make the phone
call to get the authority to do that?

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A. Yes, I did.

7

Q. Was there any trouble about
getting that authority?

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A. No.

9

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Q. Now just one other matter.
You gave evidence at the preliminary inquiry in
which Susan Nelles was accused?

11

12

A. Yes.

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Q. And in that inquiry it was
related to the court an analysis that had been done
of postmortem studies of some 29 children who died
in the hospital, I think in cardiology, following
March the 22nd.

17

18

19

A. Yes, this was data that was
provided by Dr. Phillips the Director of Pathology
and by the biochemist I believe Dr. Soldin.

20

21

MR. HUNT: What page is that?

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MR. SCOTT: It is at page 11 of the
transcript, and it is Volume 27.

Q. Do I take it that the
information you gave to the preliminary inquiry was



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that five of those children had postmortem digoxin levels when it was apparent that no digoxin had been administered to them either at your hospital or as far as you could ascertain in the hospitals at which they had previously been?

A. That is correct.

Q. And that was another mystery in the case?

A. Yes.

Q. And Dr. Phillips has the information?

A. Dr. Phillips has the detailed information. As you can see in the transcript I had to go back to him to get some additional information that was requested at the trial.

Q. But those were children following March the 22nd?

A. Yes.

Q. Who had digoxin readings where digoxin had not been administered anywhere as far as you could ascertain?

A. As far as we could ascertain which of course would not preclude either other hospitals or our hospital having given it inadvertently to the wrong patient. They were in a



1
2 range between one and five nanograms per mill as I
3 recall.

4 MR. SCOTT: Those are all the questions
5 I have, thank you, Dr. Carver.

6 THE COMMISSIONER: Mr. Ortved.

7 MR. ORTVED: Thank you, Mr. Commissioner.
8 If I could just have you indulgence for a moment.

9 THE COMMISSIONER: I take it Dr. Carver
10 is one of your clients, is that right?

11 MR. ORTVED: Yes he is, Mr. Commissioner.

12 CROSS-EXAMINATION BY MR. ORTVED:

13 Q. Dr. Carver, I don't have the
14 information before me concerning this patient
15 in respect of whom postmortem digoxin levels were
16 reported, other than as found in the transcript which
17 Mr. Scott referred to.

18 Would it be fair to say on the basis
19 of your understanding that at least certain of those
20 five children were premature babies?

21 A. I believe so. I would have
22 to look at the specific charts again. I had a table
23 with their breakdown with the information from Dr.
24 Phillips and Dr. Soldin.

25 Q. Can you recall some questions
and answers given at the time of the preliminary



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inquiry as to what was considered a background level
as of the date of giving your evidence, in 1982?

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A. Yes at that time I have

actually the handwritten notes that were taken during
the recess of the trial with the names of the children,
of the ward, of some of their diagnosis if you wish
this this is attached to one of the ---

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Q. All right. Well, maybe --

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A. Three of the children were

4

on 7G, which is the Neonatal Intensive Care Unit,

5

and one was on the Intensive Care Unit. I just have

6

one page. For some reason there are four on this

7

page. The levels specifically on these were 1.2,

8

1.9, 1.1 and 2.1.

9

Q. Okay.

10

A. This looks like the hand-

writing that I must have done talking to Dr. Phillips

11

over the phone during the preliminary trial.

12

Q. All right.

13

THE COMMISSIONER: Of the five
children who were not prescribed digoxin?

14

THE WITNESS: Yes, sir. Children

15

for whom the digoxin levels were detectable but

16

for whom the records did not indicate prescription of

17

digoxin, either at the Hospital for Sick Children

18

or in their preceding hospitals. Many of these,

19

in fact, all of them would have to come from another

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hospital where, of course, this could also have
occurred.

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MR. ORTVED: Q. All right.

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A. At the time, to answer Mr.

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Ortved's question, at the time there had been a

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relatively recent memo from a group called the Association of Clinical Chemists indicating that digoxin levels were unreliable under a level of 1 and that they would have to be looked at with great suspicion. Prior to that, the test was thought to be more accurate and people had thought that a level of 0.5 might indicate a true value.

Subsequently, of course, questions have arisen about digoxin levels in neonates, as you know, from Vancouver.

Q. All right. Well, that is my simple question. At the time that you were giving your evidence about these five babies, did you have in your consciousness at that time this whole question of false positive readings in excess of 1 in neonates?

A. At the time of the testimony, as I recall it, one raised the question of anything under 1 being unreliable. The question of the reliability of post mortem digoxin level I believe was raised in my testimony. In fact, I have reviewed the testimony and I believe I did state that some questions had arisen by then concerning the reliability of a post mortem level.

Q. All right. And based on that



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I take it what we are saying is that these five levels may or may not indicate the administration of digoxin?

A. Yes. And certain subsequent information from Vancouver would raise questions where they found that levels up to 4 nanograms per ml. in children, in neonates, who previously had not been given digoxin. The question has arisen as to whether there are natural substances which measure out as digoxin in the assay systems.

Q. All right.

Then the only other question I have is in relation to the period from March 18, 1981 until March 20, 1981.

We know from your having testified in chief that it was your understanding that Dr. Fowler had advised the Coroner of this elevated reading in relation to Baby Pacsai --

A. Yes.

Q. -- on March 18, 1981.

A. Yes.

Q. And we know also of the investigation undertaken on the part of Dr. Fowler in the immediately subsequent period.



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A. Yes, in conjunction with

Dr. Rowe.

Q. Now, my simple question is:

Are you aware of any additional investigation to that undertaken by Dr. Fowler conducted on the part of the Coroner or his representatives in that period?

A. No, I am not aware of any.

MR. ORTVED: Thank you. Those are my questions.

THE COMMISSIONER: Thank you.

Mr. Brown.

MR. BROWN: No, we have no questions, Mr. Commissioner.

THE COMMISSIONER: Mr. Strathy?

CROSS-EXAMINATION BY MR. STRATHY:

Q. Doctor, do you have with you, I think you do, your memorandum marked "Confidential", dated March 21, 1981? It is Exhibit 165.

A. Yes.

Q. Now, at that meeting, at least prior to the time that Dr. Teperman arrived, do you recall what was discussed apart from what we see in the memorandum?

A. No. The reason for making



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a memorandum was to have a way of recalling this. I think the major concern was to make digitalis preparations unavailable to anybody who might possibly be using them to harm babies and also make sure that accurate amounts were dispensed, hence Item No. 2, that digitalis would be dispensed either by a team leader or charge nurse with the usual check by a second nurse and with this check confirmed in writing and signed as a safeguard against any accidental overdoses.

Q. Well, as I read it, this memorandum appears to record the decisions that you took at that meeting.

A. That is correct.

Q. My question really is, were there any discussions that took place at that meeting which are not shown or reflected in this memorandum?

A. Only discussions that would logically lead to the decisions. As I recall, it was my initiative to implement these steps and that everybody agreed.

Q. Well, looking at the memorandum and in light of what you have just said with reference to paragraph No. 2, can we take it



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G6 2 that one of your concerns at least was the possi-
3 bility that there might have been some sort of
4 accidental administration of digoxin?

5 A. Could, yes.

6 Q. So, you were interested
7 not only in securing the drug but also in preventing
8 mistakes?

9 A. Exactly.

10 Q. And you certainly hadn't
11 made up your mind as at that point as to what it
12 was that had led to these unfortunate deaths?

13 A. I certainly had not made
14 up my mind.

15 Q. All right.

16 Now, with reference to making
17 digoxin a controlled drug, paragraph 1, did you
18 at that meeting have some discussion as to where
19 you might expect to find digoxin in the Hospital?

20 A. This would normally be in
21 the medication cabinets. Prior to this, one would
22 have no concern with digoxin being locked up so that
23 the two places one would look would be in the
24 medication cabinets, as the usual place, and
25 possibly, as was discussed, on the so-called crash-
cart, where it was felt inappropriate afterwards.



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Q. So, at the meeting then

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those are the two places where you would have

4

expected to find digoxin?

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A. That's correct.

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Q. Now, did you have an

7

understanding as of that time as to whether one

8

would expect to find digoxin on crashcarts?

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A. The discussion indicated

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that on some wards it would be there, particularly

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the residents thought that this would be in some

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places and therefore they were specifically in-

13

structed to look there as well.

14

Q. So, there was at least

15

some expectation that in some wards you would find

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digoxin on the crashcart?

17

A. That is correct.

18

Q. Do you recall whether it

19

was specifically discussed as to whether one would

20

expect digoxin on the 4A/4B crashcarts?

21

A. I don't remember whether

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this was specifically discussed, whether it would

be expected. I have subsequently talked to Dr.

Costigan and have ascertained from him that it was

not found on the 4A/B crashcart.

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Q. But as to whether it was

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expected to be found, can you help us today or not?

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A. I cannot help you on that.

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Q. But Dr. Costigan has told

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you that as a result of his search that evening

6

he did not discover it on those crashcarts?

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A. That is correct. Logically

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one would not expect it in that the Cardiology

9

Chief, Dr. Rowe, did not see its appropriateness on

10

a crashcart and since he was Chief of the Division

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one would logically think it might not be there,

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but I don't recall this being discussed specifically

13

with respect to 4A/B.

14

Q. Well, whatever Dr. Rowe's

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views may have been on whether it should or should

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not be on those crashcarts, it is entirely possible

17

that someone else thought it should be and possible

18

that it was on for that matter?

19

A. Could be, I could not say.

20

Q. All right.

21

Now, with reference to paragraph 3

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of your memorandum, I want to ask you whether that

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paragraph reflects simply a concern to secure all

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the digitalis or whether it may also reflect a

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concern that perhaps digitalis had been inadvertently

administered during resuscitation efforts?



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A. This was mainly a concern

with respect to as to whether it was there.

Certainly, and I can't tell you at what point this came into the thinking, there is also the possibility that if something is on a crashcart, in the stress of a resuscitation, there is the possibility that this could have been given inadvertently.

Q. Well, was that a possibility,

Doctor, that was raised at your meeting on March 21st?

A. I don't think it was; I don't recall it.

Q. Was it a possibility that entered your mind, let us say prior to 2225 hours on that day?

A. Not at that time, I don't believe so. But again I am recalling something that occurred over two years ago.

Q. I gather in any event from what you have just said that it is a possibility that has entered your mind since that time?

A. Yes, that certainly has.

Q. Now, just before I leave your memorandum. Paragraph 5 indicates that all crashcarts will be checked daily for the parenteral



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G10 2 digitalis. What was the reason for that? Why
3 would they be checked daily?

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A. I would think in case
there was some found later or something of that sort.
I'm not quite clear. This was, as you see,
dictated at 10:25 at night. I would guess as an
additional check but I'm guessing on my own
memorandum.

Q. Now, you mentioned then
that this inventory was performed by the two
doctors, Costigan and MountStephen.

A. Yes.

Q. Did that result in some
written report to you?

A. The written report I have
is the second report I have from Miss Rappaport
of the pharamcy. Actually, Dr. Costigan did take
an inventory. At the time the impression was that
he would just inventory the crashcarts and lock up
everything else. It subsequently became known to
me that he did, as I mentioned earlier, a general
inventory of everything he found. He does have
this inventory. Miss Rappaport says that she does
not have his inventory but he does, and I have
spoken with him last week and he has it with him.



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Q. Well, do you have a copy today?

A. I do not have it with me, no. I do have Miss Rappaport's.

Q. Well, I will come to that in a moment. But do I understand that literally what happened was that Dr. Costigan and Dr. Mountstephen went around to every floor --

A. Yes.

Q. -- that evening --

A. Yes.

Q. -- and physically located and secured the digitalis?

A. Instructed the head nurses to locate it and lock it up. I do not believe that they physically locked it up themselves but that they instructed the head nurses.

Q. "They" being Drs. Costigan and Mountstephen?

A. Right.

Q. And how many floors did that involve or how many separate locations did that involve?

A. This would involve every possible location in the Hospital. Now, on the next



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day Miss Rappaport found that there was digitalis on the crashcart in the operating room and about a week later she tells me some turned up in the Radiology Department. She also found some in medication cabinets after which they had missed and, as I may have mentioned, suggested that if one subtracted their inventory from hers that would indicate what was left and what was found in her review.

Q. Well, just so that we can have an idea of what was involved in Dr. Costigan's and Dr. Mountstephen's efforts on that evening, do you know how many separate stations they would have had to visit?

A. Well, the Hospital has nine floors of wards. There are multiple wards on each floor plus out-patient areas, this sort of thing, where one could go through an inventory, if you would; many, many places.

Q. Do you have an understanding as to how long it took them to do that?

A. I don't know how long it took them to do this. But they started immediately after the meeting.

MR. STRATHY: I wonder, Mr. Commissioner, on this question of Dr. Costigan and



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Dr. Mountstephen's inventory whether if my friend Mr. Lamek intends to call those doctors then perhaps I needn't pursue that at this time but I would like to ask for the inventory and that it be produced.

Do you have it, Mr. Lamek, today?

MR. LAMEK: No, I do not. I propose to call Dr. Costigan, although I confess to some puzzlement as to the precise relevance of the inventory, but he will be here and he can produce it if he has it.

THE WITNESS: He does have it.

MR. LAMEK: Okay.

MR. STRATHY: Well, I wonder, is there any way --

THE COMMISSIONER: I don't think it does any -- Mr. Strathy seems to think it is of importance. I don't see any reason -- is there any reason, Mr. Scott, why that can't be produced?

MR. SCOTT: The Hospital doesn't have the inventory, Dr. Costigan has it.

THE WITNESS: Yes.

THE COMMISSIONER: I'm sorry, I don't understand that delicate distinction.

MR. SCOTT: Well, Dr. Costigan



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is no longer on the staff.

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MR. LAMEK: Dr. Costigan is

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in Montreal.

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THE WITNESS: He is at Montreal

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Children's Hospital.

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MR. SCOTT: Dr. Costigan is at

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Montreal Children's. We didn't know he had it but

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enquiries of him last week revealed that he has it

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and he will bring it along when he comes, but we

11

don't have a copy of it.

12

THE COMMISSIONER: Well, will

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that be good enough for you, Mr. Strathy?

14

MR. STRATHY: Do I understand

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that Mr. Lamek doesn't have a copy either?

16

MR. LAMEK: Yes.

17

THE COMMISSIONER: All right.

18

MR. STRATHY: Well, that would

19

be fine, yes.

20

MR. LAMEK: Yes, you understand

21

that he doesn't have one.

22

THE COMMISSIONER: All right.

23

MR. STRATHY: Q. Well, do you

24

have with you Miss Rappaport's inventory?

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A. Here is Miss Rappaport's
inventory.



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THE COMMISSIONER: I hope somebody will tell Dr. Costigan to bring this with him.

MR.LAMEK: Yes.

THE WITNESS: I believe he is prepared to, sir, I discussed this with him.

MR. STRATHY: May I just have a moment, Mr. Commissioner?

THE COMMISSIONER: Yes, certainly.

MR. STRATHY: Q. Doctor, you have told us that I think in two areas at least, one being the operating room and another being one of the medication cabinets, that Miss Rappaport found digoxin which had not been found by Drs. Costigan and Mountstephen?

A. Well, she specifically found it in the operating room on crashcarts and discussed with Dr. Rowe the necessity for their being there on Sunday and he advised that they need not be there and they were removed.

A few weeks later, she could not be specific when I spoke with her about this, some appeared or was found on a Radiology crashcart. She also thought that she found some in two of the out-patient clinics and she believes possibly on one ward. She didn't know which ward when I spoke



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with her. She thought possibly the sixth floor.

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Q. So, as far as you know,

those areas that you have mentioned are the only
areas where she found digoxin which had not been
found by Drs. Costigan and Mountstephen?

A. Well, she also mentioned
that she found some in some medication -- this
was dealing with crashcarts -- she also found some
in some medication cabinets where the nurse probably
didn't realize that it was digoxin by virtue of
perhaps it looking like another medication. She
raised the question that it might have looked like,
she specifically said heparin, and therefore it
was in some of the medication cabinets. The
specific locations and the amounts she suggested
would be taken by comparing the two inventories.

Q. Well, just to stop you
on that. You are saying Miss Rappaport suggested
that digoxin could have been confused with heparin?

A. Possibly, just by looking
at the outside.

Q. These are in the little
ampoules?

A. That's correct.

Q. And so she was suggesting



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to you that was some perhaps explanation as to why they hadn't been picked up?

A. That's correct, and they did this under a certain immediacy and stress. This was Saturday night. There was grave concern about immediately locking up all the digoxin possible and it appears that some was missed, and I believe the comparison could pick up how much was missed.

Q. And all you are suggesting is that in the immediacy and stress of those efforts, it may have been possible to simply confuse the ampoules?

A. Yes, with a number of things possibly.

Q. Like a number of different medications?

A. Yes. This was a massive effort under a situation where there was grave concern and the individual head nurses were instructed by Drs. Costigan and Mountstephen to do this, but perhaps, or clearly they didn't get every last container of digoxin.

Q. And heparin as I understand is an anticoagulant?

A. That's correct.



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Q. Used from time to time
in the treatment of heart patients?

A. Not necessarily heart
patients, used for a number of reasons.

Q. But may be used in the
treatment of --

A. May be used. It is an
attempt to prevent coagulation, yes, could be used
in certain situations.

MR. STRATHY: Mr. Commissioner,
I am not sure if this memorandum has been marked
as an exhibit.

THE COMMISSIONER: I don't think
it has.

MR. STRATHY: It was an exhibit
at the preliminary. So, I suppose we might mark
it as the next exhibit.

THE COMMISSIONER: Yes, all right.
What number are we at?

THE REGISTRAR: Exhibit 185.

--- EXHIBIT NO. 185: Miss Rappaport's Inventory.

MR. STRATHY: Q. You have indicated,
Doctor, that subsequently as a result of Dr. Rowe's
advice digoxin is simply not kept on the crashcarts?



Carver
cr.ex. (Strathy)

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G19 2 A. That's correct.
3 Q. And I think we have heard
4 evidence to the effect that there is a no procedure
5 in the Hospital with respect to medications on the
6 crashcart?
7 A. Correct.
8 Q. They are put in some
9 special box that's prepared in the pharmacy?
10 A. Yes.
11 Q. And that box is kept sealed
12 on the crashcarts?
13 A. Yes.
14 Q. And the seal is only
15 broken at the time of an arrest?
16 A. That's correct.
17 Q. And then it is restocked
18 after that arrest?
19 A. That's correct.
20 Q. Was that done partly as
21 a concern to prevent medication errors during the
22 arrests?
23 A. Yes, to keep things in
24 an orderly fashion, to minimize the risk of any
25 medication errors.
Q. And to ensure that there



G20

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was a standard set of medications?

3

A. On each crashcart.

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THE COMMISSIONER: All the
medications were sealed?

5

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THE WITNESS: Just the medications
that would be used in the event of a resuscitation.

7

8

THE COMMISSIONER: That would
be all medications on the crashcart?

9

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THE WITNESS: On the crashcart,
yes.

11

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THE COMMISSIONER: Was that done
on your own or was that part of any of the
recommendations?

13

14

THE WITNESS: I think it was
part of the general recommendations, sir.

15

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THE COMMISSIONER: No, no, but
I meant by that, it wasn't part of either the
Atlanta or the Dubin report recommendations?

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THE WITNESS: No, I think that
preceded that.

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THE COMMISSIONER: Yes, all right.
MR. STRATHY: Q. Doctor, in
addition to the five points set out on your memo-
randum on March 21st, you testified that on the
following day, on the Sunday, a nursing supervisor



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was put on the floor, is that right?

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A. Yes, that is noted in the

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other memorandum which you probably have on

5

March 22nd.

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Q. May I see that?

7

A. And that also deals with

8

probably the interaction between Dr. Rowe and

9

Miss Rappaport about the operating room crashcarts.

10

Q. This indicates, just in

the first paragraph:

11

"A nursing supervisor will be

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assigned to Ward 4A and another

13

to Ward 4B."

14

A. Yes.

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2 Q. "The Supervisors will check the
3 of
4 giving/all medication on the ward from the point..."

5 A. "...of calculation of the
6 material in accordance to the doctors' orders to the
7 drawing up of the drugs and actual giving of the
8 medication", thus not only would the mathematics
9 of the calculation of the dose but also the actual
10 drawing of material into a syringe or dropper would
11 be checked as an additional safeguard, thinking
12 that there was a possibility of an error in the
13 dispensing of medications.

14 Q. Does this reflect what you
15 just told us about them previously, the possibility
16 that it still could have been some sort of error
17 taking place?

18 A. Certainly. The other point
19 made here which I may not have mentioned earlier
20 is that elective admissions were stopped on the ward.

21 The point of this was that with all
22 of the stress and with the concern of giving the
23 best possible care it was thought best to limit
24 the amount of work that the nurses would have and
25 the physicians, and thus children who did not
immediately have to come in for care had their
admissions cancelled or were moved to another ward.



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THE COMMISSIONER: That document is
not an exhibit, is it?

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MR. STRATHY: I am content that it
be made one. I didn't recall it.

6

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THE WITNESS: I believe - I don't
know whether this has been - was given to people
before.

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MR. SCOTT: Dr. Carver, you will
just have to leave whether it is an exhibit to
these counsel.

11

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THE WITNESS: Surely.

13

MR. SCOTT: They are the masters
at that.

14

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THE COMMISSIONER: Well, I think it
is not; at least I don't remember having seen it.

16

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MR. STRATHY: No, I don't think it
was made an exhibit. I am content that it be made
an exhibit.

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THE COMMISSIONER: All right.
Exhibit 186.

20

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---EXHIBIT NO. 186: Memo regarding administration
of digoxin dated March 22,
1981.

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MR. STRATHY: I take it that we
will get copies of these memos in due course.



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2 THE COMMISSIONER: Yes, I think you
3 will. 185, 186 are the only two that you don't have
4 copies of.

5 MR. STRATHY: Q. I would like to take
6 you back for a moment, Doctor, to your evidence
7 concerning Baby Pacsai. And as I recall, you
8 referred to one of the samples as being an antemortem
9 sample, and you suggested you would not have reason
10 to question the reliability of that sample.

11 A. I would not question the
12 reliability of the sample as to having the problems
13 of postmortem samples where the digoxin level appears
14 to go up. I would certainly - the sample then would
15 be more reliable.

16 Q. Well let me take you to the
17 evidence concerning that sample because do I under-
18 stand that the sample you call an antemortem sample
19 was in fact taken either in the course of or after
20 the resuscitation efforts on that child and prior
21 to his transfer to the ICU?

22 A. I believe so, and that would
23 raise some questions because with resuscitation one
24 would be involved in such matters as cardiac massage.

25 We do know that there is a dispropor-
tionate, an increased binding of digoxin to the

Not
Smile!

v. fast
pickup!



1
2 myocardium and therefore it would appear plausible
3 that with that one could raise the digoxin level.

4 Q. Well, I wanted to take those
5 points up with you and just briefly because we have
6 heard evidence I believe it was from Dr. Fowler to
7 suggest that some of the things that take place
8 during resuscitation may well have an impact on the
9 digoxin levels.

10 A. Certainly that is true, and
11 particularly I would think the cardiac massage could
12 cause a breakdown of tissue, and this of course,
13 there is a marked increase in binding of digoxin
14 to the myocardium so that this could quite logically
15 be expected to give a false high reading.

16 Q. By causing some form of
17 unbinding?

18 A. Yes, or breaking down of
19 tissue.

20 Q. So in light of that I take it
21 that you would not suggest to us that we should place
22 complete confidence in that particular level?

23 A. That is correct.

24 Q. There might be some questions
25 in your own mind.

A. Yes.



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Q. And do you know where and what part of the body that level was taken from or that sample was taken from?

A. I don't know. I don't know where that was taken from.

Q. And was it your understanding that the initial purpose of that sample was to permit the doctors to in effect monitor the resuscitation effort?

A. Yes. The sample was taken for other purposes, among others I believe electrolytes, and it was afterwards that Dr. Costigan retrieved the specimen and specifically asked that a digoxin level be done on it.

Q. I have been advised, Doctor, that in the course of these resuscitation efforts there may well be samples taken, rushed down for analysis, results phoned right back to let the doctors know right in the middle of resuscitation --

A. Yes, certainly.

Q. -- how the patient is doing?

A. Yes.

Q. Is that your understanding?

A. This was taken, particularly in view of the fact that this patient previously at



H6 1
2 McMaster had had a high potassium and there were
3 a number of considerations there.

4 Q. Doctor, dealing with Baby
5 Estrella for a moment, you indicated I think to
6 Mr. Scott that going into the meeting with the
7 coroner on the Saturday you yourself were aware of
8 the digoxin levels.

9 A. Yes. I was told by Dr. Fowler
10 that morning about the Estrella child, and indeed
11 the combination of the Estrella level and the
12 Pacsai level were to my understanding the cause of
the meeting.

13 Q. All right. Now I just wanted
14 to know about your information concerning the
15 reliability of that Estrella level, and let me ask
16 you this: was it in your head when you walked into
17 that coroner's meeting that there might be some
question about the reliability of the Estrella level?

18 A. I don't remember. I really
19 don't remember.

20 Q. And you obviously then can't
21 remember whether that issue was raised at the coroner's
22 meeting?

23 A. Again I don't remember.
24 Obviously subsequently many questions had been
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raised about that specimen, but whether I was aware at that time that it was peritoneal fluid and there were questions about contamination, I can't remember.

Q. Doctor, one last question: you described Dr. Rowe I think as one of the - as the most knowledgeable pediatric cardiologist in this country.

A. That is correct.

Q. We didn't allow Dr. Rowe to blow his own horn, but in fairness to him isn't he really one of the leading cardiologists, pediatric cardiologists in the world?

A. Yes. As I also said I thought the members of that division would be totally competitive with any division anywhere in North America. I am not that well acquainted with the rest of the world, but certainly that division is eminent by virtue of Dr. Rowe, and also some of the other people.

Dr. Rowe is very much respected within the field of pediatric cardiology.

MR. STRATHY: Thank you.

THE COMMISSIONER: Thank you.

What do you think, Mr. Hunt, do you want to start now?



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MR. HUNT: I would prefer to start
after lunch rather than break.

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THE COMMISSIONER: Yes. All right.
We will rise now till 2:30.

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---Luncheon recess.

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2 ---Upon resuming at 2:30 p.m.

3 THE COMMISSIONER: Yes, Mr. Lamek?

4 MR. LAMEK: Before Mr. Hunt begins
5 his cross-examination I have reproduced or have had
6 reproduced the manuscript notes of Dr. Teperman of
7 the events up to and including March 23rd, and they
8 include his notes of the meeting on the 21st, and
9 those have been distributed to counsel. And there
10 is a copy, please, to mark as an exhibit.

11 I also have, and this was kindly
12 provided by Mr. Marshall, a typescript, a trans-
13 literation I think it is intended to be of the
14 manuscript notes.

15 Fairly to Mr. Marshall, he did his
16 best to decipher the notes.

17 THE COMMISSIONER: Are these the
18 same? Are these Dr. Teperman's notes?

19 MR. LAMEK: Yes. And again up to
20 March 23rd. Fairly he did his best to decipher them.
21 It wasn't always possible.

22 There are perhaps errors, and I think
23 they are very helpful to a very large extent, and
24 those two together might go as the same exhibit?

25 THE COMMISSIONER: All right.
Exhibit 187.



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2 ---EXHIBIT NO. 187: Four-page document entitled
3 "Notes Prepared by Dr. Teperman
4 re Digoxin Events".

5 MR. LAMEK: There are two known
6 errors, Mr. Commissioner. On the final page of the
7 typescript there is an item numbered 7 in parenthesis
8 which reads as typed "Arguments made for Homicide
9 Squad to begin review". It should read "Arrangements
made".

10 And on the eighth line of that same
11 topic numbered 7 in parenthesis, the final number on
12 the line is 72. It is typed as 2. It should be 72.

13 Those are known errors. There may
14 be others. Nevertheless the document is useful.

15 THE COMMISSIONER: Yes. All right.

16 Yes, Dr. Carver, please?

17 DR. DAVID CARVER, Resumed

18 THE COMMISSIONER: I might have
19 mentioned this to you before, Mr. Lamek, while you
20 are arranging this thing, but now it develops I have
21 to be - there are some goings-on in Mississauga on
22 Thursday afternoon at 4:45. I think we will have
23 to stop here at 3:30 on Thursday. You may not be
24 here, of course. Miss Cronk --

25 MR. LAMEK: On Thursday? I will be
here on Thursday, sir.



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THE COMMISSIONER: Well, whoever is making arrangements will have to bear that in mind.

4

MR. LAMEK: Thank you.

5

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THE COMMISSIONER: Once again I offer to have this Inquiry go on without me, and it is perfectly satisfactory to me.

7

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MR. LAMEK: Are you reopening the Mississauga Inquiry?

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THE COMMISSIONER: No, I think they are dedicating some building that was destroyed in the conflagration, and there is an exhibit from the last - not the last one but the last one I was involved in, being put in that for permanent display.

14

MR. LAMEK: Okay. 3:30 on Thursday?

15

THE COMMISSIONER: 3:30 on Thursday.

16

Yes, all right, Mr. Hunt?

17

18

MR. TOBIAS: Mr. Commissioner, perhaps it might be appropriate to raise this concern of mine at this time?

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THE COMMISSIONER: Yes.

20

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MR. TOBIAS: I was away this morning and I was just advised by my friend Mr. Labow that it is the intention of Commission Counsel to call Dr. Rose tomorrow?

23

24

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THE COMMISSIONER: Yes.



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2 MR. TOBIAS: And thereafter to call
3 Dr. Becker. I thought I might put to Commission
4 Counsel, particularly to Mr. Ortved and to Mr. Scott,
5 through a comment to you, that if both of those
6 witnesses, Dr. Vera Rose and Dr. Becker in particular
7 could be asked to read the article that I produced
8 last week as an exhibit.

9 I realize there is a lot of preparation
10 they are probably doing in order to come and give
11 evidence, but if one of the things that they could be
12 asked to do is taking a glance at that article it
13 would assist me greatly in my cross-examination.

14 The article I am referring to
15 particularly was the first one that I produced - the
16 number escapes me.

17 THE COMMISSIONER: Mr. Tobias, I
18 don't know that I can ask them to read that. I think
19 they have heard what you had to say but I don't
20 really think I can ask them to read some particular
21 article, can I?

22 MR. TOBIAS: I am not asking you to
23 do anything such as make an order. Just that if
24 Commission Counsel would be good enough to make the
25 request it is ultimately up to the witnesses whether
or not they have time to read it.



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3 THE COMMISSIONER: Well, it is not
4 a question of whether they have time. They may not
5 want to read it. I don't really think I can ask
6 anybody to read anything, particularly I say that
7 in this instance because it is not their field. This
8 is not for Dr. Rose or I have forgotten what other
9 doctor you were referring to.

10 MR. TOBIAS: My understanding is
11 that it is clearly Dr. Becker's field.

12 THE COMMISSIONER: Pathology.

13 MR. TOBIAS: He is a pathologist.

14 THE COMMISSIONER: Well, if that is
15 so then --

16 MR. TOBIAS: There has been
17 evidence he is quite expert in the SIDS field.

18 THE COMMISSIONER: -- he should be
19 told he can do whatever he likes but that you will
20 be asking some questions with respect to it. But
21 why anyone whose field it is not - I have been
22 trying to discourage the cross-examination of non-
23 experts upon expert matters.

24 MR. TOBIAS: Yes.

25 THE COMMISSIONER: Because we can
waste an awful lot of time asking Dr. Rose about
digoxin when all she knows is what she reads in the



1
2 papers, and it doesn't really help us at all.

3 Now really I would have thought - I
4 have forgotten what those articles of yours were
5 about. What are they about? They are about digoxin,
6 are they not?

7 MR. TOBIAS: No, the article that
8 I referred to was Sudden Infant Death.

9 THE COMMISSIONER: Oh, Sudden Infant
10 Death. All right. Well that may well be his field.
11 For all I know, Dr. Carver, you may know. Do you
12 consider that your field or not?

13 THE WITNESS: Not more so than other
14 pediatricians. Of course it is important in
15 pediatrics, and I have done work in the area, but I
16 would not consider myself an expert for the purposes
17 of the counsel.

18 THE COMMISSIONER: All right.
19 Miss Cronk?

20 MS. CRONK: Mr. Commissioner, if
21 it will help my friend when meeting with Dr. Becker,
22 the pathologist, who will be speaking about SIDS in
23 the context of the Jordan Hines child, he was provided
24 by Commission Counsel with a copy of all the articles
25 pertaining to SIDS that have been marked as exhibits,
together with several more, and if he wished to read



1
2 them they were available for him to do so.

3 THE COMMISSIONER: Yes. Fine.

4 MR. TOBIAS: I appreciate that,
5 thank you, Miss Cronk.

6 THE COMMISSIONER: Now, where are
7 we?

8 Mr. Hunt, I guess we are back to you.

9 CROSS-EXAMINATION BY MR. HUNT:

10 Q. Now, Dr. Carver, you were
11 asked about the events of March 18th when you became
12 aware of the levels of Kevin Pacsai?

13 A. Yes.

14 Q. You indicated you spoke to
15 Dr. Fowler?

16 A. Yes.

17 Q. And you in effect instructed
18 him to do an investigation?

19 A. That is correct.

20 Q. Into the digoxin itself and
21 the dosages given to Kevin Pacsai?

22 A. Yes.

23 Q. Is that right?

24 A. Yes.

25 Q. He indicated that that type
of an investigation as far as he was concerned was



1
2 an extremely unusual and rare circumstance and some-
3 thing which he couldn't recall having occurred in the
4 Division of Cardiology in recent memory.

5 Would that be a fair assessment of it?

6 A. Yes, I would agree that this
7 would be unusual, but of course the finding was
8 unusual that caused me to give that instruction.

9 Q. All right. And at that time
10 you indicated that you had no thought of foul play
11 particularly when you were dealing with Dr. Fowler
on the 18th of March?

12 A. No. As previously noted at
13 this time one's concern was with errors either in
14 prescription or in dispensing of a drug, and as his
15 report indicates also of the possibility of the
16 strength of the preparation as prepared by the
manufacturer being involved.

17 Q. All right. Now he indicated
18 to us last week on Thursday that during the course of
19 the investigation that he carried out at your
20 request he spoke with a Mrs. Crosswell who was a
21 nursing supervisor, and he indicated that he did
22 recall that to her he put the question as to whether
23 or not he knew of an unbalanced nurse who might be
24 administering large doses of digoxin. And he, in
25



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2 fairness to him, indicated that he said that to her
3 at that time in jest or jokingly.

4 My question to you **is whether in** any
5 conversation you had with him on the 18th there
6 was any reference jokingly or otherwise to the
7 possibility of an unbalanced nurse administering
8 huge doses of digoxin?

9 A. I certainly don't recall that.

10 Q. And I take it you would recall
11 that likely if that had been --

12 A. I think something of that
13 magnitude one would recall, yes.

14 Q. All right. Now Mr. Ortved
15 asked you whether between the date of March 18th
16 through to the 20th you were aware of anything else
17 having been done by the coroner or the coroner's
18 office in addition to Dr. Fowler's investigation or
19 enquiry that he carried out during those days. I
20 think you indicated you were unaware of that.

21 A. Until the morning of that
22 Saturday when I learned that the coroner's office
23 had learned from one of the pathologists that there
24 was this other patient Estrella.

25 Q. Oh, yes, that was the Estrella
case.



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A. That is right.

3

Q. You were aware that --

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A. I found that out on Saturday

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morning that they said we will be having a meeting

6

because of the Estrella patient and of Pacsai both

7

having --

8

Q. That was to your knowledge

9

a meeting called by the coroner?

10

A. Yes.

11

Q. Set for Saturday?

12

A. Yes.

13

Q. After the coroner was

14

notified on the 20th, the day before, with respect
to the Estrella reading?

15

A. That is correct.

16

Q. All right. Now getting back

17

to the question that was put to you by Mr. Ortved

18

concerning what if anything was done by the coroner
in between the 18th of March and the 20th after the

19

coroner had been made known of the Pacsai levels,

20

I suggest that it is no great surprise, sir, because

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in the memo, Exhibit 110, which I don't know - do you

22

have that in front of you?

23

A. Is that my memo about

24

Dr. Costigan coming to me on the 18th?

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Q. No, this is Dr. Fowler's --

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A. Yes, his reply.

4

Q. -- to you.

5

A. Yes, I have that.

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Q. And the first paragraph on page 2 certain portions of it were read to you by my friend, and possibly you could just look at one other portion that wasn't. It was indicated that starting about three-quarters of the way down that paragraph Dr. Fowler said:

11

"I discussed the case with him - "

12

That is Dr. Teperman -

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"...on March 18th and informed him about the finding of high dig. levels. I asked if he thought I should tell the mother about this finding and he was of the opinion that I should wait until we completed the investigation before discussing it all. I discussed it with Dr. Rowe and it was his opinion as well."

21

22

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I take it the investigation that Dr. Fowler is referring to there is the one that you commissioned him to do into the question of digoxin and the --



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3 A. I assume so, and also any
4 investigations that the coroner may have been doing
5 unknown to us.

6 Q. All right. So to be clear
7 from Dr. Fowler's memo that in the course of the
8 discussion with the coroner it appears to have been
9 thought that rather than discuss the matter with the
10 parents at that point in time it was important to
11 wait until Dr. Fowler's investigation was done so
12 that there would be more facts on which the matter
13 could be presented to them?

14 A. Yes.

15 Q. Or presumably any other steps
16 taken? Would you agree with that?

17 A. Certainly as you present it
18 that seems to be the case.

19 Q. And you I take it wouldn't
20 disagree with that as being a sensible decision in
21 light of the rather unusual nature of the investiga-
22 tion that Dr. Fowler was carrying out?

23 A. No. I originally raised the
24 question with Dr. Fowler that I felt the authorities
25 should be aware of the level and also should make
the decision as noted in the, well, the previous
exhibit as to who should tell the mother, and



1
2 presumably that also would be when. I think that
3 would be a decision that would come under the
4 legal authorities rather than the Hospital.

5 Q. So from the 18th of March on
6 until this examination was completed it would appear
7 clear that there was interest in the investigation
8 and the results of it were being awaited with concern
9 and interest.
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By the way, this memo, it is
dated March 20, and you received it on...?

A. March 25th.

Q. March 23rd.

A. March 23rd.

Q. Now, you indicated to my
friend, Mr. Lamek, that insofar as the Estrella
sample is concerned, you had some difficulty re-
calling precisely when your knowledge of the
contaminated aspect of it arose, either at or
before the meeting --

A. Yes. I am not sure.

Q. -- of the 21st?

A. Yes.

Q. Now, I take it that the
reason why you are not exactly sure as to when
that occurred is that you have learned a lot of
information as things have gone on here, some of
which you had at that time?

A. Exactly.

Q. And some of which has come
to you since that time?

A. Exactly.

Q. Now, if the matter of the
possibility of the contaminated sample in the



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Estrella case was of concern at that point in
time, can we take it that that is surely something
that would have been discussed at the meeting?

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A. I think--as I said, I
don't remember, but I think this would be logical
to assume, but I don't really remember whether the
contaminated aspect was discussed or not.

8
Q. That would be, I take it,
because this meeting was called really to discuss
two deaths; Estrella and Pacsai?

11
A. Exactly, with the high
digoxin levels.

13
Q. So, if there was a
question about reliability or the integrity of one
of the bases upon which the levels were arrived
at in either case, that would certainly be something
that could hardly have escaped everyone's attention
at the meeting?

18
A. I think, logically, it
would have been discussed.

20
Q. Now, again, sir, and I
won't ask you to look at it, but Miss Lund's notes
don't appear to reflect the fact that that issue
was discussed at the meeting.

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If, in fact, the others, or some of



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the others present, indicate that wasn't discussed at all at the meeting, would you be prepared to dispute that?

A. I couldn't dispute this one way or the other. I don't recall whether the contaminated aspect was discussed or not discussed.

Q. Now, with respect to Allana Miller, I take it from what you said, you were not aware of that death prior to the meeting on the afternoon of the 21st?

A. I was not.

Q. The first you heard of it was when you returned to the hospital from the meeting?

A. To the best of my recollection.

Q. Were you surprised to hear about the death, a death of that nature, immediately upon your return from the meeting to discuss the Estrella and Pacsai situation?

A. No. I was concerned, having coming from the meeting which discussed the high digoxin levels in the Estrella and Pacsai children. The immediate concern was as to whether or not this was related. Nevertheless, the child



1
2 expired on a ward where there were very many ill
3 children and this could very well have been another
4 death which was consequent to the severity of the
5 child's inherent illness rather than due to anything
6 else, anything to do with digoxin. We were
7 sufficiently concerned about this that, as has
8 come out in the testimony, I asked, in the words
9 of one of the counsel, that the determination of
10 the digoxin level be expedited.

11 Q. That was my next question,
12 sir. Your concern was such that you turned it into
13 fairly prompt action at that time?

14 A. Yes.

15 Q. And am I correct that you
16 had someone actually come into the Hospital in order
17 to perform the tests?

18 A. I had -- whatever was
19 necessary, I presume somebody had to come in. I
20 just wanted the result as soon as possible.

21 Q. Can we take it from your
22 reaction to your knowledge of that upon returning
23 that, had you been aware of the Miller death and
24 the circumstances of it prior to the meeting, it
25 is something that you would have raised at the
meeting?



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A. I don't know. It is hard to conjecture what one would have done. I mean, having come from the meeting, certainly, this cast a specific complexion on it.

Q. Well, if you had been aware of the concern on the part of any other doctors about the Miller death prior to yourself even being informed about it, would that have perhaps heightened your own concern as to what involvement --

A. It certainly would have heightened my concern about determining the digoxin level. I don't think that one could have determined that this child had been dealt with with intent to harm without the digoxin level.

Q. No. I am not suggesting, sir, that you could have come to any conclusion of that nature, of intentional foul play on the part of anybody. I am suggesting, if you had been aware of the concern on the part of others as well with respect to the role that digoxin may or may not have played, can we take it that would have heightened your own concern even more?

A. Certainly, if I was aware of others' concern, I would have responded also with



1
2 concern. I think the fact that I came from a
3 meeting where this was discussed, clearly lowered
4 my threshold for a prompt reaction.

5 Q. With respect to the meeting
6 that afternoon at the Coroner's office, that is
7 Saturday the 21st, my friend, Mr. Scott, asked you
8 some questions about your own feelings as a result
9 of the discussion that took place insofar as
10 intentional overdose was concerned.

11 He put to you Miss Lund's
12 impression, as she recorded it, which is in Exhibit
13 183 on page 2, under the heading of "Impressions",
14 where she said:

15 "I had a sinking feeling somebody
16 is doing this intentionally."

17 And I think you agreed that that
18 same concern or feeling struck you as the discussion
19 developed.

20 A. It struck me as a possibility.

21 Q. All right.

22 A. Certainly, there was no
23 clear indication of what had occurred but, by
24 virtue of unexplained digoxin levels and also by
25 virtue of the fact that there were police officers
present, one would certainly think about this.



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Q. Fair enough, sir.

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Miss Lund, in fact, goes on to say:

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"This thought..."

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That is, that somebody is doing it intentionally.

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"...was rejected immediately but
there was a scary feeling."

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Is it fair to say the nature of
the discussion was sufficient to raise the thought
at that point in time, to leave you with a rather
unsettling feeling with respect to it but, at the
end of the meeting, you were not prepared to con-
clude there had been an intentional killing of
anyone?

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A. One certainly had no
certitude that that had occurred. It was a
possibility that had to be looked into.

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Q. Now, when you heard the
levels of digoxin that were reported with respect to
Allana Miller later that evening, would it be fair
to say that, certainly significantly, increased
whatever suspicions you were having at the time,
or feelings of concern?

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A. Yes. This was the
impetus for the actions that were taken. It was
considered a safeguard against any other events, if



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2 indeed this was done purposely. Certainly, there
3 was not certitude at that point, but it was quite
4 clear that one had to act as if this was a distinct
5 possibility.

6 Q. Certain precautions
7 certainly had to be taken?

8 A. Yes.

9 Q. But I take it from what
10 you said that, at the point in time when you were
11 made aware of the Miller results, you were not
12 prepared to say to anyone, Allana Miller was
13 murdered; let's go out and do this or that?

14 A. No. I think perhaps the
15 best way to put the thoughts at the time and,
16 again, this is in retrospect, was that there is a
17 possibility of the use of digoxin in a harmful
18 way; let us take precautions to prevent that if
19 that possibility is occurring.

20 Q. Now, when Dr. Teperman,
21 the Coroner, arrived - and my friend, Mr. Scott,
22 has indicated that he was apparently at the hockey
23 game that night.

24 A. I believe so.

25 Q. You are aware that he was,
in fact, contacted at the hockey game and left the



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hockey game to attend at your office; is that your understanding?

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A. I don't know the details.

5

I know Dr. Fowler contacted him and I know that he and his wife arrived from the hockey game, actually.

6

7

Q. In any event, he arrived, I take it, after your meeting --

8

A. Yes.

9

Q. -- had concluded?

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A. Yes. He arrived at

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around eleven, and I believe my notes indicate that the decisions made had been around 10:35 that I dictated the notes.

12

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Q. So, he arrived after you

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had completed whatever review you undertook of the Miller death?

15

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A. Yes.

17

Q. And after you had come to

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certain conclusions with respect to what action you should take insofar as the drug was concerned?

19

A. Yes.

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Q. When he arrived then, he

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met with Dr. Fowler for the purpose of being

22

made aware of what circumstances --

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A. Dr. Fowler and I met him

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in Dr. Fowler's office, I can recall that.

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Q. He was, at that point in time, about to be made aware, or make himself aware, of what the circumstances of the Miller death were?

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A. Yes.

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Q. And you think that you were advised about the time he arrived by a nursing supervisor that the same nursing team was on duty for the Miller death as was on duty for the Pacsai death?

A. Yes, sometime in that period of time.

Q. And there were, as I understand it, four of you there; yourself, Dr. Fowler, the nursing supervisor and Dr. Teperman?

A. Well, I believe the nursing supervisor had left. The original meeting was Dr. Fowler, Dr. Costigan, Dr. Mountstephen and the nursing supervisor and myself. That meeting broke up for Drs. Costigan and Mountstephen to go on the wards and ask for the digoxin to be locked up. As I recall, it was Dr. Fowler and myself who met in Dr. Fowler's office with Dr. Teperman.



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Q. In terms of how you became aware of the fact the same nursing team was on, I take it you have indicated it wasn't Dr. Teperman who advised you of that?

A. No.

Q. You advised him?

A. Yes.

Q. I think we can take it it wouldn't have been Dr. Fowler, because he didn't know the nurses worked in teams until he was told that by the police sometime after they arrived. So, the only other logical person, I take it, is the nursing supervisor?

A. Yes, although I can't specifically say who told us, but I think, as you say, logically, it must have been the nursing supervisor.

Q. And with respect to what you were informed about that, I take it it didn't go beyond, at that point in time, the fact that it was the same nursing team?

A. That is correct.

Q. No individual or --

A. No.

Q. No individuals were pointed out to you as being --



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A. At that point, no specific individual was pointed out.

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Q. Now, am I correct that, as of that time, which would be sometime after eleven o'clock, that nursing team would already have been on duty from some point in time early in the evening?

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A. I believe so. I am not sure.

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Q. Was their shift seven o'clock in the evening to seven in the morning?

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A. I think so.

13

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Q. So, by that point in time, they would have been on duty approximately four hours?

15

A. Approximately.

16

Q. Perhaps a little longer?

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A. Yes.

18

Q. And the query that you had was whether or not they should be relieved of their duties at that point in time?

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A. That is correct.

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Q. And you explained that it would require certain approval, perhaps by telephone, from certain members of the Administration?

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A. I don't know whether I went into the administrative steps that would be necessary. I believe - and, again, this is in retrospect - that the discussion centred only about the advisability of taking that action.

Q. And if that, in fact, had been done, I take it that, at this point in time, some way, a third of the way into the shift, nurses would have to be found elsewhere --

A. Yes.

Q. -- and would have to be brought in in order to relieve these nurses and send them home?

A. There were two supervisors on the floor, the supervisors came -- yes, they would have to find nurses from elsewhere, that is correct.

Q. So, had it been done, it was something that would have required a little more than just getting approval from someone on the telephone, and this was going to be a rather major undertaking, I suggest, to get people in?

A. Yes.

Q. Now, I take it at this point in time, sir, you were not about to play



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detective at all?

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A. No. I did not believe

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that was my role.

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Q. Had the nurses been

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relieved of their responsibilities at midnight, or
one o'clock in the morning, part-way into their

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shift --

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MR. SCOTT: Eleven o'clock.

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MR. HUNT: Eleven o'clock, my

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friend suggests, and I am quite happy with that.

11

Q. -- eleven o'clock, midnight,

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one o'clock in the morning, part-way into their
shift, I suggest that that would have rather

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alerted that particular group of nurses to the

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fact that something was seriously amiss in the

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Hospital.

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A. I think that is a reasonable

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conclusion.

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Q. Not only that, that they,

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themselves, seemed to have had some attention

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focused on them as a result of it?

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A. Yes.

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Q. And, in fact, sir, you

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indicated that the following day, it was after a
consultation with the police and receiving their

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approval or acquiescence in it, that these nurses
were relieved?

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A. I thought it appropriate
for the reason you state --I did not feel that it
would be appropriate for me to take steps which
could in any way obstruct the investigation and
that, since the authorities were involved, that
one should consult with them prior to any such
step being taken. The police did agree on the
second day, on Sunday, that the nurses, that they
would agree with relieving the nurses of their
responsibilities at that time.

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Q. And you would agree that
sending them home at that hour of the night,
part-way through their shift, would have been about
as obvious a tip-off as one could give to the
fact that they were in some way being looked at?

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A. Yes. I think that would be
a tip-off.

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Q. Now, on the following day,
am I not correct, sir, that the matter of relieving
these nurses of their responsibilities was handled
somewhat more subtly than sending them home off-duty
part-way through their shift? Is it not the case
that they were advised that, due to what must be



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2 assumed was the stress and pressure of the number
3 of deaths that were occurring, it was felt advisable
4 that they take some time off to recuperate from
5 that and collect themselves before reporting?

6 A. I was not directly involved
7 in that, in interacting with them. My involvement
8 was to suggesting this would be an appropriate
9 action and, then, others did the actual discussion
10 with the nurses.

11 Q. I understand that. Is that
12 not your understanding with respect to the way the
13 matter was ultimately dealt with?

14 A. I actually don't know.

15 Q. You don't know on what
16 basis it was put to them?

17 A. No.

18 Q. That they should take a
19 few days off?

20 A. I may have known then, but
21 I certainly don't remember that.

22 Q. Finally, if, sir, on that
23 evening, Saturday evening at eleven o'clock, if
24 you had felt in your mind that you had evidence of
25 murder and a murderer loose in your hospital, I
take it, whatever Dr. Teperman might have suggested



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or given by way of advice, you certainly were not
powerless insofar as what you could do to ensure
the integrity of the patients in the hospital?

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A. If I had firm evidence
of murder or of a murderer being about, I certainly
would have proceeded irrespective of the advice.
I also would have called the police directly. But,
of course, Dr. Teperman of the Coroner's office
represented the authorities, and we did not have
firm evidence.

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Q. You had to make your
decision as best you could in light of all of the
circumstances, I suggest, that were available to
you at that time?

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A. I raised this as something
that should be considered, but felt that the
authorities should make the final decision because
an investigation had been, or was about to be,
initiated - actually had been initiated by virtue
of our meeting on Saturday morning.

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Q. I take it that neither you
nor anybody else who was present at your meeting
that night was about to get involved with becoming
detectives?

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A. Certainly no.



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MR. HUNT: Thank you. Those
are all the questions I have, sir.

THE COMMISSIONER: All right.
Thank you.

Before we go on, I am sorry, but
can somebody tell that young man to sit down and
stop that. I don't want to show favouritism for
one branch of the media or another, but that is
most distracting because that instrument makes a
noise, for one thing, and there is also movement
by the manipulator. Could you look into that
for me, Mr. Lamek?

I don't know, is there any
reason why these other machines are going, why any
pictures they take can't be provided for the
benefit so we won't have people coming in and
taking -- I don't know how it affects you, doctor.

THE WITNESS: It is distracting,
sir.

THE COMMISSIONER: It is very
distracting and it has got to stop, that's all.

I don't know, it seems to be
happening every two or three days, and I don't know
if I should put a notice up on the board or some-
thing.



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2 MR. SCOTT: It is very flattering
3 to Dr. Carver, but wait until we get a really
4 interesting witness!

5 THE COMMISSIONER: That is most
6 unfair. I don't know, if pictures have to be
7 taken, they either have to be taken out in the
8 hall or they have to be taken by the cameras we
9 do have and they should be distributed. I don't
10 imagine whoever takes these pictures -- I am
quite willing to have them distributed worldwide.

11 Is there some problem about that?

12 MR. LAMEK: I don't know whether
13 there is a problem, Mr. Chairman. We ran into the
14 still camera problem and all I can do is talk to
15 the members of the print press and see if it is
anything to do with their papers.

16 THE COMMISSIONER: I certainly
17 don't want them to be under some handicap but we
18 can't have it -- every time it comes on, I get
19 alarmed about it and I'm sure the witness gets
20 alarmed about it. That is because we are, I guess,
21 publicity-shy people; we don't want to have that
22 sort of thing going on. So, it has got to stop.
I don't care how it stops, but it has got to stop.

23 MR. LAMEK: We will have to put
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a notice on the door to stop it.

THE COMMISSIONER: Next time it happens, I am going to throw some kind of a judicial fit of some kind.

MR. LAMEK: I thought you were going to say a 'jug'.

THE COMMISSIONER: No, I'm really quite serious about it because it just can't go on. I suspect it is being done as an assistance to one of the papers. I suspect, also, they don't have access to the television pictures, and something should be done so they do get that access if they need it, so they won't have to supplement their reports.

MR. LAMEK: I will see what we can do, sir.

THE COMMISSIONER: For this afternoon, I don't want any more pictures taken, all right.

Now, that's all for that.

So, you won't be distracted in your cross-examination.

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MR. YOUNG: As Mr. Scott is asking me I do have a number of notes that I think Mr. Hunt has been good enough to give out.

If I might explain, Mr. Commissioner, there are actually three documents. The first are handwritten notes of Staff Sergeant Jack Press. He made these notes at the meeting on Saturday afternoon.

THE COMMISSIONER: Handwritten notes of Sergeant ... ?

MR. YOUNG: Staff Sergeant Jack Press.

THE COMMISSIONER: Yes.

MR. YOUNG: The second set of notes are typed and there are three pages in total and they were prepared immediately or very close to immediately after the meeting on Saturday afternoon. My understanding is that they were prepared around 4 or 5 p.m. Once again, they were typed by Staff Sergeant Press and as you will, Mr. Commissioner, they are his recollection a slightly expanded version of the handwritten notes and some elaboration.

THE COMMISSIONER: Yes.

MR. YOUNG: And then the last set of notes are again typed and they were typed by Staff Sergeant Press. They are two pages in total and my understanding is that they were typed on Monday



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morning at 7 a.m. That is as specific as I can get.

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Mr. Commissioner, I should add that my understanding is that these notes, and I am certain that this is the case, were going to be introduced when the officers took the stand. They were not being hidden. When Miss Cronk approached us last week I didn't know of the existence of these notes. I have since inquired and in view of Mr. Scott's request this morning I have expedited my inquiries. I have got an answer and am pleased to report that they are now in front of the Commission.

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THE COMMISSIONER: Yes, all right.
Have they been distributed?

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MR. YOUNG: I believe that they have.

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THE COMMISSIONER: Well then, shall we make them an exhibit?

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MR. HUNT: Certainly, that is agreeable.

THE COMMISSIONER: 188 A, B and C, would that be sensible?

MR. YOUNG: Yes.

THE COMMISSIONER: "A" will be the handwritten notes, two will be the three pages of typed notes on Saturday afternoon, and the third, 188C, will be the two pages typed Monday, 7 a.m.

--- EXHIBIT NO. 188A: Handwritten notes of
Staff Sergeant Press,
dated March 21, 1981.



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--- EXHIBIT NO. 188B: Two pages of typed notes
of Staff Sergeant Press
on Saturday afternoon.

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--- EXHIBIT NO. 188C: Typed notes of Staff
Sergeant Press on
Monday at 7 a.m.

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MR. YOUNG: Mr. Commissioner, I under-
stand that you do not have - Miss Cecchetto informs
me - do you have a copy of this?

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THE COMMISSIONER: No, not yet.

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MR. YOUNG: You do now.

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THE COMMISSIONER: Is that all three?

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MR. YOUNG: Yes, they are three
together.

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THE COMMISSIONER: Yes, all right.

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Yes, all right, Mr. Young.

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MR. YOUNG: Thank you, Mr. Commissioner.

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CROSS-EXAMINATION BY MR. YOUNG:

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Q. Doctor, I wonder if I might
start by referring you to Exhibit 165?

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A. Could you tell me what that is?

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Q. I was just about to, yes, I
wouldn't expect that you would memorize that. That
was a memo that was created and it is entitled
"Confidential" Saturday, March 21st, 1981, 2225 hours.
I believe that earlier today you said that you
dictated it at that point in time?

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A. Yes.

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Q. Doctor, prior to your attending

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at the Commission we have had a brief discussion

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about the creation of these notes and clearly your

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evidence this morning helped us. Am I correct that

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you dictated these notes at, I guess it was 10:25 on

8

Saturday, March 21st, 1981, that is what that date

and time means?

9

A. Yes.

10

Q. Could you help us when the notes,

11

when this document was likely typed?

12

A. Oh, it probably would have been

13

typed on the Monday.

14

Q. Okay.

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A. My recollection would be that

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I would have dictated this and the tape would be

typed up Monday.

17

Q. Do you have any knowledge with

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respect to its distribution throughout the Hospital?

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A. This is not intended as a

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distribution document for implementing the steps.

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Those were implemented at the time orally. This was

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intended as a way of keeping a record of what had

been done in view of the extraordinary circumstances.

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Q. I understand.

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A. Hence I think the term Confidential, which the secretary probably put on it. But, I mean, this was not a document for distribution, as you can see on the bottom. There is a note that Dr. Fowler has informed the coroner concerning the findings of a dig. level of 72 and other comments about plans. These are just a way of keeping a record of what happened.

Q. All right, Doctor. In fact, it is a record of a number of steps that you took on March 21st, or that you arranged to be taken?

A. Yes.

Q. To summarize, and I don't think there is any point in going into them in detail, but digoxin was going to be made a controlled drug?

A. Yes.

Q. It was going to be locked up?

A. Yes.

Q. My understanding of paragraph 2 is that - well, I will simply read it:

"All digitalis will be dispensed by either team leaders or charge nurse with usual check by a second nurse and with this check being confirmed in writing and signed."



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A. Yes.

Q. Do you know, Doctor, when -- now, if I have your evidence correctly I understand it would be Dr. Mountstephen and Dr. Costigan who almost immediately, I think those were your words, began to implement the aspect?

A. Yes. And there was a nursing supervisor, I do not recall her name, was in the office and she would implement the aspect with respect to the nurses.

Q. Doctor, did you make any inquiries of the three individuals that you have just mentioned as to when they completed their task?

A. No.

Q. You didn't. I understand that on, I guess it would be the following day, March 22nd, you became aware of the death of Justin Cook?

A. That's correct.

Q. My understanding is that it is approximately five in the morning?

A. Yes.

Q. That you were informed of this death and that later that morning you were informed of the digoxin level of this child?

A. That's correct.



CC.7

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Q. Post mortem?

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A. Yes.

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Q. As well as ante mortem. Well, I know there is some contention about whether or not the sample taken as the child was being resuscitated is post mortem but did you receive a number of levels at that time?

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A. As I recall I was given a single level at the time which was high and therefore of course was again very concerned. But the coroner in this situation had been called immediately prior to the determination of the dig. level and Dr. Fowler had done that.

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Q. I understand. When you were informed of this high level, as you phrase it, were you not curious as to whether or not all of the digoxin had been locked up the previous evening as you had instructed these various doctors to see to? Did you not make any further inquiries of these doctors to ensure that that had been done?

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A. I may well have. I don't recall, I may well have since they would be in the Hospital. The assumption would be made that a request to the chief residents and associates would be carried out to the best of their ability. Now, as I

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have previously mentioned, as long as a week later some digoxin appeared in the Radiology Department and I think this is understandable in view of the large size of the Hospital and the massive effort to lock up a drug that is that widely used.

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Q. All right, Doctor. So, you did not on Sunday or indeed any of the following days, immediately following days, check back with Dr. Costigan and Dr. Mountstephen and this nursing supervisor to ensure or to simply check as to exactly what they had done?

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A. No, but I did of course speak with Miss Rapaport who went through the Hospital and did a check on what was locked up, and I believe her inventory has been submitted as a document for the Commission.

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Q. I understand.
Moving on, Doctor, to that Saturday afternoon meeting at the Coroner's Office. Doctor, I don't say this critically in view of the long time ago that this meeting took place it is quite understandable that your recollection is less than perfect, less than crystal clear as to exactly what went on there. Would you agree with that, Doctor?

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A. Certainly. Also I kept no notes.



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Q I understand, that's right. We certainly heard a lot about notes this morning.

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Doctor, some of the notes that I distributed earlier are handwritten notes of Staff Sergeant Press which indicate that the number of deaths between July and December of 1980 were discussed at that meeting. In fact, I think on page 2 of the handwritten notes there is a reference, it is about the second line down, it begins:

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"July to December - 20 deaths on the ward. Five were expected. 15 not specifically expected. Some hadn't been operated on."

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Do you recall any conversation ---

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THE COMMISSIONER: I'm sorry, where were you reading from?

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MR. YOUNG: I'm sorry, Mr. Commissioner. It is the handwritten notes. I guess it would be the "A" portion of the exhibits, second page, second line.

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THE COMMISSIONER: We have three of them. The handwritten notes, March 21st?

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MR. YOUNG: It's a legal size page.

THE COMMISSIONER: Well, the handwritten - yes, you are quite right. All right, what page?



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MR. YOUNG: The second page of those notes, second line.

THE COMMISSIONER: Oh, yes, thank you.

THE WITNESS: No, I don't recall that. I do recall that when the police officers arrived on Sunday that they went through many charts involving these other children but on Saturday I just don't recall the discussion beyond the abnormal levels in the two children we mentioned.

MR. YOUNG: Q. Right, Doctor. And to be clear, you are not denying that such a discussion took place?

A. Oh, I can't.

Q. You simply don't have any recollection of it?

A. I just don't recollect one way or the other.

Q. If we might continue on, Doctor, with what went on at that meeting. If I could just read a few more passages that might assist you one way or another in recalling what was said at the meeting.

Do you recall a question from either of the police officers to the effect that, well, they were interested in knowing what procedures, restrictive



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or preventative procedures had been put into effect
in order to prevent any further deaths similar to the
Pacsai and Estrella?

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A. No, I do not recall that.

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Q. Doctor, I am going to read you
a package from the typed notes. This would be the
"B" portion of the exhibit, Mr. Commissioner, the
third page.

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THE COMMISSIONER: If you could pause
just for a moment.

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MR. YOUNG: Certainly.

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THE COMMISSIONER: Yes, this is the
one on March 21st?

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MR. YOUNG: This would be the portion
that begins "General Notes". That is the first page
I am speaking of.

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THE COMMISSIONER: Yes, all right.

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MR. YOUNG: I am talking about the
third page.

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THE COMMISSIONER: All right, the
third page.

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MR. YOUNG: Yes.

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Q. At the top of the page, Dr. Carver,
Mr. Press states that:

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"It was put to the meeting that the

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"first area of concern was - are the procedures sufficiently restrictive to ensure that no future cases will be detected. The hospital staff seem to think that they have this under control."

THE COMMISSIONER: I am sorry, I haven't found it.

MR. YOUNG: I'm sorry, Mr. Commissioner.

THE COMMISSIONER: This is the type-written - general notes of meeting held on March 21st at the Coroner's building, page 3?

MR. YOUNG: That's correct, Mr. Commissioner. General notes, that's right.

THE COMMISSIONER: What line is it on page 3?

MR. YOUNG: The very first line, Mr. Commissioner.

THE COMMISSIONER: Oh, I'm sorry, yes, you are quite right. Yes, carry on, go ahead, I'm sorry.

MR. YOUNG: Q. If we might start at the beginning:

"It was put to the meeting that the first area of concern was - are the



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"procedures sufficiently restrictive to ensure that no future cases will be detected. The hospital staff seem to think that they have this under control. It was suggested that the drug be administered only by a doctor. It was considered as difficult to follow this procedure due to the availability of doctors and might arouse suspicion."

Doctor, does that assist you in recalling?

A. I don't remember.

Q. Once again, you are not in a position to deny that such a conversation took place?

A. No.

Q. If we might carry on. I understand that you do recall something dealing with intentional acts, a conversation or a suggestion that these deaths could be in some way related to an intentional act of someone within the Hospital, is that correct?

A. Well, I think, as I said, it would be logical to presume that with high levels and also with the presence of the police that this was a matter that was discussed.



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Q. In reading on, Doctor, on the same page, Mr. Commissioner, the next paragraph. This again, Doctor, is from the notes of Staff Sergeant Press:

"It was finally thrown out on the table that the cases at hand might be the result of either a careless, unknowing action, or it might be a deliberate action by some staff member. It was agreed that this was certainly a possibility."

Doctor, that's consistent with what you just told us, is it not?

A. Yes, I think these are the two obvious alternatives.

MR. YOUNG: With your indulgence, Mr. Commissioner.

THE COMMISSIONER: Certainly.

MR. YOUNG: Q. Doctor, finally, do you have any recollection whatsoever as to what your understanding was of the course of action that was to be followed at the conclusion of this meeting by the police, by the coroner, by your office?

A. I recollect specifically that the police would be coming in on Monday to initiate



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a formal investigation of the problem, the specifics of which would be determined by them and that the cardiologists and others in the Hospital would co-operate in any way possible.

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Q Doctor, to assist you once again, I am reading from the same notes, I am continuing on, Mr. Commissioner:

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"It was further agreed that there was a need for an outside (police) investigation under the direction of the Coroner, Dr. Teperman. The police, as usual in such circumstances, would be the investigation agents.

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"It was agreed that the investigation would commence on Monday morning. Press and Warr were to spend the rest of the weekend planning the direction of the investigation and are to report to Dr. Bennett on Monday at 9 a.m. The hospital will make available whatever records are considered necessary by the investigators and will also provide accommodation in the administration unit of the hospital." Reading on:



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"The matter is to be considered strictly confidential due to the nature of the investigation. Any leaks could foil the intent of the investigation, or if the matter is resolved in some way other than by a criminal charge any unnecessary publicity could be extremely damaging to the reputation of the hospital."

And then finally it states:

"Dr. Fowler is assigned as the liaison officer to the investigators. The investigators are to have a free hand in the direction of the investigation being obliged to report only to the Coroner's Office."

A. Because I mentioned I did recall that the police officers were functioning under the aegis of the Coroner's Office rather than directly under the aegis of the police. It is a technicality that I remember.

Q. Doctor, finally, I just have one other area to discuss with you. I think you informed Mr. Hunt earlier that it was likely the nursing supervisor - I am now speaking of this Saturday evening meeting.



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A. Yes.

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Q. The initial meeting on Saturday evening I understand it took place at approximately 10 o'clock?

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A. Yes.

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Q. Present at that meeting were Dr. Costigan, Dr. Mountstephen and the nursing supervisor?

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A. Yes, Dr. Fowler and myself.

10

Q. I understand.

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A. And I am presuming it is the nursing supervisor as the most likely person to be aware of the nursing assignments.

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Q. You anticipated my question, Doctor. Now that we are clear on that ---

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A. But it is a presumption, I can't remember actually saying ---

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Q. I understand. But you do recall that that was discussed?

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A. Oh, yes. Because I recall that because of this, raising the question with Dr. Teperman when he arrived as to whether the team should be relieved.

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Q. Doctor, you have already stated that you had a concern regarding this specific team

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and indeed this concern was discussed with

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Dr. Teperman and a decision was made in this instance

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at that time not to relieve this particular team.

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Doctor, in reading, going back to

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Exhibit 165 ---

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A. Could you tell me what that is?

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Q. I'm sorry. That too is that

confidential memo that we discussed initially.

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A. Yes.

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Q. My understanding of paragraph 2

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once again is that a team leader or indeed - well, I

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guess it has to be a team leader or a charge nurse

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could still get digitalis digoxin?

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A. Yes. They would have a key to

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the medication cabinet but there would be also, and

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again, with respect to trying to avoid error, a check

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by a second nurse and to try to make this as rigorous

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as possible, a second nurse would have to confirm in

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writing that she had checked this out and agreed

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Q. I understand. But, Doctor, the

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members of the nursing team that we previously

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discussed, the members of the team that were on duty

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for the death of Allana Miller and I believe Kevin

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Pacsai, they would have had access, granted in the new

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format that would have taken two signatures and required the nursing team leader to be involved, but they would have had access to digoxin on the Saturday evening, Sunday morning, would they not?

A. Yes.

Q. Thank you. With your indulgence, Mr. Commissioner.

THE COMMISSIONER: Yes.

MR. YOUNG: My friend Mr. Hunt reminds me that they also would have had access prior to the implementation of these new procedures outlined in this confidential memo.

THE WITNESS: Yes.

MR. YOUNG: Thank you, I have no further questions.

THE COMMISSIONER: Thank you.

Miss Symes?

CROSS-EXAMINATION BY MS. SYMES:

Q. Dr. Carver, just following up on that last question. I presume that before digoxin was locked up, anyone in the Hospital could have had access to digoxin?

A. Yes, digoxin would be out in the medication cabinets and on some of the crash carts and anybody could go to the medication cabinets. It was open and available.



CC.20

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Q. So, it certainly would have been available to doctors or to anyone passing through?

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A. Yes. I think if somebody strange passing through were observed in a medication cabinet this might create some problem but one would not necessarily be observed.

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Q. All right. Just a few more questions with respect to March 21st, the meeting that you held that evening after you had learned of the digoxin level. You said that a nursing supervisor was present. I gather you have no idea as to who she was?

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A. I don't recall.

14

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Q. As far as you understood was she the senior nurse in charge of the Hospital that night?

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A. My assumption it would be, yes.

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Q. My understanding is that the nursing supervisors change at approximately 11 p.m.?

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A. It may well be.

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Q. Do you know whether or not there is any way of bringing the nursing supervisors who came on at 11:00 p.m. in on the changed procedures?

A. I do not know definitely that this exchange occurred, but I think it is quite clear that with these procedures and the seriousness of the matter at hand that one could quite safely assume that the nursing supervisor going off duty would communicate this to the nursing supervisor coming on duty.

Q. Now you have said that Exhibit 165 was dictated and typed the next morning.

A. Well, probably typed on Monday.

Q. Monday.

A. Because that was a weekend and I would doubt that it would be typed before Monday.

Q. Were any handwritten notes made to be given to the various people so that they could transmit your instructions to all the people who needed to act on those instructions?

A. In view of the instantaneous need for this, this was done orally by the people in the group. Dr. Costigan recalls having gone on to



1
2 the wards and spoken with the head nurses on each
3 ward.

4 Sending this through the Hospital
5 mail or so would have been much too slow for the
6 reaction that we were concerned with.

7 Q. Oh, I quite understand that
8 sending it through the mail would have been quite
9 slow, but were these instructions taken to each ward
10 so that every nurse would know that --

11 A. Dr. Costigan and Dr. Mountstephen
12 specifically spoke with the nurses as they got the
13 inventory. Also the nursing supervisor was aware of
14 this. She was involved in the decisions and there-
15 fore would also communicate through their channels
16 to the individual wards.

17 Q. So as far as you understand
18 there was no handwritten copy of Exhibit 165?

19 A. No.

20 Q. Or similarity?

21 A. No, not that I am aware of.

22 Q. And you don't know whether
23 or not a handwritten memo was put for the nurses'
24 instruction on each of the wards?

25 A. I don't know whether the
nursing supervisor initiated some sort of memo or



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directive which was Xeroxed and handed out.

Q. Because you agree with me that in order to carry out what was a major change in the dispensing, administration, of digoxin each nurse would have to know of the change?

A. Yes.

Q. Because before this change any nurse could give digoxin?

A. Yes.

Q. And as it was not a controlled drug like a narcotic --

A. Yes.

Q. -- she (a) didn't need a second signature and (b) wasn't locked?

A. That is right.

Q. So in order for your procedure to be effective every single nurse in the Hospital who was working that night shift would have to realize the change?

A. Yes.

Q. Be informed of it.

A. And I think with the people involved that were going to disseminate this, this was done.

Q. And I gather also that it



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2 would take an extended period of time to go over nine
3 floors?

4 A. Yes.

5 Q. And I gather that, for example,
6 on the fourth floor there are four wards?

7 A. Yes. There is 4A, 4B, 4C -
8 yes. It is a massive effort, as you suggest.

9 Q. And I also gather that you
10 did not receive a report back that the task had been
11 accomplished?

12 A. I had not received a formal
13 report back that it had been accomplished, but the
14 people were instructed to do this and the people
involved would carry this out.

15 Q. When you left the Hospital
16 you said around midnight that night had Dr. Costigan
17 and Mountstephen come back to you and said we have
done what we were to do?

18 A. I don't believe so.

19 Q. So after setting them off you
20 didn't see them again?

21 A. I didn't see them until the
22 next day.

23 Q. And you said that Drs.
24 Costigan and Mountstephen were to instruct the head
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nurses to secure and lock up digoxin?

A. Yes.

Q. Dr. Carver, it is my understanding at the Hospital for Sick Children that your head nurses work Monday to Friday, essentially 9:00 to 5:00, and that they would be unlikely to be there on Saturday evening?

A. Well, it would be the person functioning as the head nurse.

Q. Okay.

A. The charge nurse might be a better term.

Q. Okay. So it would not be a head nurse; it would be a charge nurse?

THE COMMISSIONER: Is that the nursing supervisor we are talking about now?

THE WITNESS: This would be the nurse in charge of each floor, sir.

THE COMMISSIONER: No, no, but I am talking about the nursing supervisor.

THE WITNESS: She would be on duty --

THE COMMISSIONER: She was present at the meeting?

THE WITNESS: The nursing supervisor would be - there is always a nursing supervisor on duty.



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THE COMMISSIONER: Where does she
stand in the hierarchy compared with --

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THE WITNESS: The nursing supervisor
would report to the assistant directors of nursing
who in turn report to the director of nursing.

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THE COMMISSIONER: Is she supervisor
for the whole Hospital?

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THE WITNESS: Yes.

THE COMMISSIONER: The whole
Hospital?

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THE WITNESS: Yes.

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THE COMMISSIONER: So she really
hasn't - she doesn't have any particular duty on
any particular ward?

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THE WITNESS: No, except for
intervening when there is a problem, sort of
trouble-shooter, putting additional nurses.

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THE COMMISSIONER: Where is she
obtained from? From people who are just supervisors?

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THE WITNESS: Yes. Somebody would
have that job as a regular job.

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THE COMMISSIONER: And I take it
they would change, would they, night and day?

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THE WITNESS: Yes, different
nights.

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THE COMMISSIONER: Same way other
nurses do?

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THE WITNESS: Yes.

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MS. SYMES: Mr. Commissioner, it is
not my understanding that that is in fact true.
Perhaps I could just check that out with Dr. Carver.

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THE COMMISSIONER: Yes.

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MS. SYMES: Q. Dr. Carver, it is
my understanding that the nursing supervisors worked
permanently evenings or nights or --

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A. Yes, but there would be a
different nursing supervisor on - you wouldn't have
the same nursing supervisor on at all times.

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Q. Obviously not because no
one works seven days a week.

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A. Exactly, so that they would
change.

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Q. Yes.

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A. And there would be some on
at night and some on in the day?

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Q. But just to answer the
question of the Commissioner, this nursing supervisor
is management's senior position --

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A. Yes.

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Q. -- who is there responsible



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for the nursing aspects?

A. All nursing aspects at the time she is on duty.

THE COMMISSIONER: Would she, for instance, - she wouldn't be in a position - I don't say she has to do it but she would be superior to the team leader?

THE WITNESS: Yes.

THE COMMISSIONER: Superior to any other nurses who are on duty at night?

THE WITNESS: She would be the most senior member of the nursing --

THE COMMISSIONER: Staff?

THE WITNESS: -- staff at night.

THE COMMISSIONER: That is fine.

MS. SYMES: Q. And again it is my information that that position changed at approximately 11:00 p.m. that night and every other night?

A. That may well be. I don't know.

Q. And you had also said then that you were aware that the same team was on that night?

A. Yes.



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Q. Dr. Carver, it is my understanding from looking at the Hospital records that the particular team involved - it is not exactly accurate to say that the same team was on at night. Namely that Estrella and Miller were cared for by a different team than the Pacsai baby. Specifically that the Pacsai baby was on 4B.

A. The teams can go I believe back and forth from 4A to 4B. I am not sure now. But I believe that our concern came up because we were told that the same nurses were involved.

Q. But would that have been 10 nurses? In other words I gather that there is a team for 4A?

A. Yes.

Q. And a team for 4B?

A. Yes.

Q. And that it was the same 10 nurses --

A. Yes.

Q. -- that were there?

A. Yes.

Q. I understand. It hadn't been in any --

THE COMMISSIONER: I don't quite



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understand because the following day you did not
relieve the 10 nurses. I thought you relieved only
the four.

THE WITNESS: Yes. It was a team
of nurses specifically, I was told, it was a team
of nurses specifically dealing with the patient that
had been on duty with the Pacsai child, had been on
with the previously - with the Miller child.

MS. SYMES: Q. Well, Dr. Carver,
is it your understanding that nurses are assigned to
a particular ward? In other words, they are assigned
to 4A or 4B?

A. Generally, but there may be
changes on this. It is my understanding that we
raised this question because the same nurses had
been involved in the two situations and therefore
one was concerned about relieving them of duty.

Q. Did you have the nursing notes
or the nursing assignment books with you?

A. No.

Q. On that night?

A. No. This was by word of mouth.
As I said, I am presuming that we got this information
from the nursing supervisor. I actually don't know
specifically who raised that.



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Q. Did you later check out whether or not in fact it was accurate?

A. I did not go to the books.

Q. Now the meeting you said that produced Exhibit 165, the confidential memo, ended at 10:25?

A. Yes.

Q. On that night as you were discussing with your chief resident - is that Costigan's position?

A. That is correct. That was his position at the time.

Q. And Mountstephen was the assistant?

A. Associate chief resident.

Q. Did you also do an inventory or a census of the condition of the babies who were currently on that floor? Did that even cross your mind?

A. Dr. Fowler had been in. The team on the floor had been watching, the nurses had been watching. I don't believe that a formal census --as to the clinical status of the children?

Q. Yes.

A. I don't believe that a formal



DD12

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clinical status report was done on the children.

Q. On that evening --

A. But of course the children would be under continuous observation.

Q. Of course.

A. And therefore if any aberrant changes were there they would be picked up.

Q. Was it reported to you, for example, that this baby Justin Cook or a baby was extremely ill and that constant care nursing had been ordered for that child?

A. I don't recall that having been reported.

Q. And I gather that normally on the Saturday night there would be one resident available, and that probably wouldn't even have been the senior resident?

A. At that time there would be a resident, yes.

Q. Okay. Did you give any consideration to (a) increasing the nursing supervision on the floor for that shift?

A. The nursing supervisor was aware of this. I do not recall additional nurses, although I have a vague recollection that this may



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have occurred. I am not sure.

Q. Did you give any consideration to increasing the medical coverage? That is the actual number of doctors who were present in the Hospital and specifically 4A, 4B that night?

A. Additional doctors were not called, but of course Dr. Costigan and Dr. Mountstephen who were on duty would be aware of the situation and keep a particular watch on this.

Q. Dr. Carver, did you ask Dr. Costigan and Dr. Mountstephen to stay all night?

A. A chief resident is - either one or the other would be there all night. At all times one has a chief resident in the Hospital.

Q. And do you have any idea as to when they left?

A. No. Well, one of them would not leave. You always have --

Q. The second one, the extra one.

A. Yes. I don't recall, but you always have a chief resident or associate chief resident on duty to deal with trouble-shooting.

Q. Did you have any discussion in your meeting in Dr. Fowler's office with Dr. Teperman of either increasing the nursing



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supervision or the medical supervision that night?

A. Not that I recall.

Q. That wasn't a suggestion?

A. No, I don't recall it.

Q. Dr. Carver, you said in your evidence this morning that you were not aware that the nurses were expressing concerns about the number of arrests and the deaths on Ward 4A/4B?

A. That is correct.

Q. I also presume then that you were not aware during the period from August of 1980 to March of 1981 that there were nursing meetings concerning this subject?

A. I was not aware of that.

Q. And I gather --

A. I did not receive minutes of those meetings. The only minutes I received were the ones that we discussed.

Q. And I gather that you said you were also not aware of the reason why those September mortality meetings were called?

A. Except that mortality, as I mentioned, each day Dr. Rowe has meetings, and if there were a few patients obviously they were called to see if there were any relationships between them.



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Q. But you were not in any way advised that it was the nurses who were concerned about the deaths?

A. No, I was not.

THE COMMISSIONER: Now, Miss Symes, we are somewhat over our usual time for the break. Do you want to continue?

MS. SYMES: Could I just ask two more questions about this before I go into another area?

THE COMMISSIONER: Yes. Certainly.

MS. SYMES: Q. In Miss Lund's minutes which are Exhibit No. 183 --

A. I don't have them with me.

Q. I am sorry. I am showing you Exhibit 183. There is last comment about Friday, March 20th, 1981.

A. Yes.

Q. It said:

"I had the first meeting of the Palliative Care Committee. Carol Putherbough was in attendance and she spoke about the trying time the staff on 4A and 4B were going through due to the number of deaths. There



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"was concern that they could not save
some of these children."

Were you aware of these concerns?

A. By the nurses, no, I was not.

Q. And what position does
Miss Lund have?

A. Miss Lund was --

Q. Or then?

A. Miss Lund was then assistant
administrator, and I believe that the nursing service
came under her direction since she had been a nurse
herself.

Q. And you say you then would
have no concern that at a Palliative Care Committee
meeting this topic had come up?

A. I didn't say I would have
no concern.

Q. No, I am sorry, you didn't
know.

A. I didn't know.

Q. In the hierarchy of the
Hospital for Sick Children was your source of
information, in fact your only source of information
about nursing concerns, through the director of
nursing?



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A. This would be a major source.

I also could receive, as I have in other situations, direct communication from a member of the house staff about nursing concerns, particularly at the level of nurses directly working with patients. If they have concerns they may go and mention to the house staff this.

Also I could receive comments from the ward chiefs or the division chiefs that they had concerns expressed to them by the nurses on their wards.

Q. But the proper hierarchy for a nursing concern would be I gather to go up through the head nurse --

A. The usual hierarchy would be through the team leader, the head nurse and eventually to the director of nursing.

Q. And then to you; is that it?

A. No, because I am not in charge of nursing.

Q. No, no, I am sorry. If it was something between nursing and doctors.

A. If it was something that involved both, then the director of nursing or one of the assistant directors would come to me.



DD18

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3 Another possible avenue would be for
4 the nurse, the nursing people, to go through to the
5 ward chief or the division chief and for him to
6 approach me saying that we have a joint problem on
7 the ward; we don't have sufficient nurses or something
8 of that sort.

9 Q. And I gather then from your
10 evidence that you had no such conversations with the
11 then director of nursing?

12 A. That is correct.

13 Q. And did you have any such
14 conversations with Dr. Rowe?

15 A. That is correct, I did not.

16 MS. SYMES: Perhaps we could take a
17 break now?

18 THE COMMISSIONER: Doctor, this
19 reference to the Palliative Care Committee, "I had
20 the first meeting of the Palliative Care Committee" -
21 is that a recognized body?

22 THE WITNESS: I believe this must
23 have been an ad hoc body, sir. There has been some
24 concern as to whether there should be a Palliative
25 group dealing with special care for children who are
moribund or have incurable illnesses.

THE COMMISSIONER: I see. And you



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think that is what this Committee was and you think
it was formed by the nurses?

THE WITNESS: I would believe that
the nurses would have - on a committee of that sort
would also have positions on it.

I am not aware of the membership of
the Committee. My guess would be that that reference
would merely be to indicate that Miss Putherbough
was at the meeting with Miss Lund rather than
that meeting specifically dealt with the problem
at hand.

THE COMMISSIONER: Well, all right.
Thank you. We will take 15 minutes then.
---Short recess.



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--- on resuming.

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THE COMMISSIONER: Yes, Miss

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Symes.

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MS. SYMES: Q. Dr. Carver, the

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night of March 23rd, you said that either Dr.

7

Mountstephen or Dr. Costigan was the Chief

Resident --

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A. For the evening.

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Q. For the evening.

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A. Yes.

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Q. Under him, whichever him

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it is, would there also be other residents?

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A. Oh, yes.

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Q. And specifically, one

assigned to 4A/4B?

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A. That is correct, yes.

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Q. As Chief of Pediatrics,

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I gather you sit on the Patient Care Committee?

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A. That is correct.

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Q. Does that Committee set

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policy and procedure with respect to the administra-
tion of drugs at the Hospital for Sick Children?

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A. In consultation with the

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Clinical Pharmacology Drug Division, which would

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come to it with suggestions, or to which it would

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refer material for expert advice.

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Q. The drug, digoxin,propanolol, when given IV, that is intravenously, it is my understanding that it can only be given by a doctor, not a nurse?

A. I believe that is correct.

Q. And when you are educating doctors in the form of residents, do you also indoctrinate them with respect to the correct procedure to be used in the administration of medication?

A. Yes. I think the more senior residents would educate the more junior residents.

Q. But I also gather there would be an established policy --

A. Yes.

Q. -- for all of the Hospital?

A. Yes. For each drug, there would be a policy. Certain drugs are outside of this area. Drugs used in cancer chemotherapy have to be given only by physicians.

Q. But even amongst the drugs that are given by physicians, is there one policy for the whole of the Hospital to govern how



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medications are to be given?

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A. Yes. If a drug were determined only to be given by a physician, it would be given throughout the Hospital by a physician.

Q. I am just going to refer only to the drugs that are administered solely by doctors and, if a doctor is to administer, wants to administer a particular drug, let's say digoxin or propanolol or heparin, who draws up the drug that the doctor is going to give?

We understand there are two pieces - a vial containing the drug --

A. Yes.

Q. -- and a syringe.

A. Yes.

Q. Who actually draws up from the vial into the syringe?

A. If it is drawn up by a nurse, the Hospital procedure is the nurse has to show the doctor the vial from which it came.

Q. And why? Why do you have that policy?

A. To make sure that the material is the correct material. It is a double-



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check.

Q . And very simply, if the doctor draws it up himself from the vial, then he is assured that whatever he drew up is, in fact, in the syringe?

A. Yes. He would look at it, or he should. Particularly in the situation where there is a resuscitation or an emergency of some sort, Hospital policy is that a nurse has to actually show the vial, the label on the vial, to the physician before he or she injects the material.

Q. And that is absolute without variation throughout the Hospital?

A. That is the policy, yes.

THE COMMISSIONER: What is the purpose of showing the vial? Just to make sure it is the correct drug?

THE WITNESS: Yes, sir.

THE COMMISSIONER: It is not the right amount?

THE WITNESS: Also the amount, but mainly the drug and also the amount, the amount you could see on the syringe, but to see the label, because many of the vials physically look the same and one would have to read the actual label.



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MS. SYMES: Q. I gather that many of the vials would contain essentially clear liquid?

A. Yes.

Q. Or what would look like clear liquid?

A. Yes.

Q. And so, it would be extremely difficult if you had an unlabeled syringe to determine what was in it?

A. Exactly.

Q. Once the doctor had actually administered the medication, IV for example, does the doctor himself chart on the patient's record that he gave, let's say, propalanol?

A. I would think that the nurse would chart that, but I am not absolutely sure of that.

Q. Whoever charts, is it Hospital policy that it be done immediately after the administration of the drug?

A. Yes, it should be done immediately after.

Q. Is that another safety feature; that is, to notify everyone, another doctor,



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another nurse, et cetera, that the drug has, in fact, been given?

A. Yes.

Q. Now, I would like to --

I know you nothing specifically about the patients but I want to ask you a question about Justin Cook and the administration of drugs in that particular case.

It is my understanding that Justin Cook had what is called a blue spell at about 18:00 hours on March 21, 1981. I also understand from the chart that two doses of propalanol or inderol were given; one by a nurse, by mouth, and another by Dr. Jedeiken, and that was given by IV.

A. Yes.

Q. I also understand, from reading the material, that another syringe was drawn and taped to the end of that child's bed.

A. Containing?

Q. It was believed to be inderol.

Now, the question to you is: Is it normal practice at your Hospital to draw syringes, draw drugs into syringes, and tape them to the end of the bed of a patient?



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A. This may have been an
emergency situation. Was this so labeled?

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Q. I don't know any of that,
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and, obviously, we are going to have to hear from
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the people involved.

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A. Yes.

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Q. I understand that this
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would have been left there from some 18:00 hours
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until it would have been used some nine or ten
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hours later.

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A. I would think this would be
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the practice if they thought they needed this on
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an emergency basis. I would assume this would be
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labeled, though, so as to avoid the problems that
we have discussed.

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Q. But, Dr. Carver, do you
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agree with me that the sticking of the syringe by
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tape on the end of the bed is not the safest
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practice?

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A. This certainly would have
some problems.

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Q. And those problems are that
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it has got clear liquid in it - unless it is
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clearly identified --

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A. The syringe would have to
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be, as I said, labeled.

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Q. You have said the doctor giving the medication in the syringe is to check with the vial to make sure it is the correct medication.

A. Yes.

Q. If that were not available to the doctor, would that give you serious concern, just the practice?

A. If the doctor had not drawn it up himself. Who drew that up?

Q. I don't know.

A. I think one would have to have more details.

THE COMMISSIONER: Have we had this in evidence so far, or are you announcing this for the first time?

MS. SYMES: I think there may be some -- there was some questioning of Dr. Rowe in cross-examination about it, and it is in some of the patient records.

THE COMMISSIONER: Mr. Strathy?

MR. STRATHY: Mr. Hunt tells me I know about that because I cross-examined Dr. Rowe on that. There was evidence about it.



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THE COMMISSIONER: What did he say?

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MR. STRATHY: He said it was drawn up beforehand. Judging from the chart, it indicates one of the doctors gave an order that it be drawn up and taped to the bed.

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I don't exactly recall who drew it up or what the circumstances were.

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MS. SYMES: I don't think that is clear.

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THE WITNESS: I think it would be important to know who drew it up, whether the person who drew it up -- obviously, the person who drew it up would see the vial and also whether it was appropriately labeled.

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THE COMMISSIONER: Yes.

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MR. SCOTT: Mr. Commissioner, it seems to me that these are appropriate questions for the doctors who are on the ward or in a ward to answer.

I take it that this witness is only being asked about whether there is a Hospital policy. Whether there is a ward policy or practice is something that should be directed, I would think, to somebody else other than him.

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With the greatest of respect, I



Carver
cr.ex. (Symes)

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Eel02 think Dr. Carver spends most of his day in his
3 office, as he must as the Chief of Pediatrics.

4 MS. SYMES: Certainly, Mr.
5 Commissioner, my question is whether or not the
6 Hospital policy with respect to the administration
7 of medication --

8 THE COMMISSIONER: I think he has
9 already answered that; that is, only in an
10 emergency you do something like that.

11 MS. SYMES: Q. You only do it
12 in an emergency?

13 A. Yes.

14 Q. And just to finish this
15 area, I gather, in an arrest situation, there may
16 be more than one doctor attending?

17 A. There is a team.

18 Q. And there may be more than
19 one doctor administering medication?

20 A. Yes. But the Chief
21 Resident--as I mentioned, there is always a Chief
22 Resident in the Hospital. The Chief Resident or
23 Associate Chief Resident in the Hospital is in
24 charge of the team and is in charge of all the
25 decisions made by the resuscitation team.

Q. And during a resuscitation



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attempt, is it possible that a number of nurses,
one or perhaps more nurses may assist in drawing
up the medication from the vial into the syringe?

A. Yes. But the Hospital
rule is such it would be shown to the physician
who is giving it.

Q. I just want to -- even in
the tense situation of an arrest, you still have
the same procedure, and that is that the nurse
shows the vial from which she has drawn the
syringe and doublechecks that it is the correct
drug?

A. That is correct.

Q. Is that also why it is
Hospital procedure that you have, if at all
possible, a recorder --

A. Yes.

Q. -- who, as the doctor
gives the medication, he shouts out --

A. What has been done, yes.

Q. -- interol, et cetera, and
that is recorded?

A. This is generally a nurse
on the ward who is there.

Q. So, even in a tense situation,



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this checking of the vial to the syringe is done?

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A. Yes.

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Q. And is that for the safety
of the patient?

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A. Yes.

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Q. Is that good medical
and nursing practice?

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A. Yes.

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MS. SYMES: Thank you.

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THE COMMISSIONER: Yes, Miss

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Jackman.

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MS. JACKMAN: No questions, Mr.

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Commissioner.

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THE COMMISSIONER: Mr. Olah.

CROSS-EXAMINATION BY MR. OLAH:

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Q. Doctor, I don't know if

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you have had an opportunity to review a document

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that is entitled "Notes Prepared by Dr. Paul Teperman"?

18

A. No. I believe that document

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just became available today. I haven't even seen it.

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MR. OLAH: I am wondering, Mr.

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Commissioner, I don't believe -- has that been marked
as an exhibit?

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THE COMMISSIONER: That is 187A,B

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and C, I guess.

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MS. CRONK: That is Exhibit 187,

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sir.

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THE COMMISSIONER: I'm sorry. That was the Staff Sergeant's; that was 188, and this is 187 is the Teperman note.

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MR. OLAH: I was wondering if I could have a copy for the witness and ask him to review one paragraph of that memorandum.

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THE COMMISSIONER: Is that the typed version?

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MR. OLAH: Perhaps I can --

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MR. LAMEK: I have a spare one.

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MR. OLAH: Q. Perhaps I could ask you to turn back to page 2, and about two-thirds of the way down, you will see: "Highlights of Meeting".

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A. Yes.

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Q. The thing that puzzled me was paragraph 5, doctor. This is a discussion that occurred on Saturday, March 21st, in the afternoon.

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A. This would be in keeping with the report that Dr. Fowler prepared, as I am sure you have seen, the report that he wrote at my request.

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Q. Let me see if I can ask the

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question first, doctor.

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"Doctors reported that inventory had been done on usage of all elixir (digoxin) and no apparent increase in usage."

THE COMMISSIONER: I'm sorry, I am having some trouble. Where is this?

MR. OLAH: It is page 3. It is the typed notes.

THE COMMISSIONER: Page 3. All right. Thank you.

MR. OLAH: And it is paragraph 5.

THE COMMISSIONER: Yes. All right. Thank you.

MR. OLAH: Q. Was there, in fact, such an inventory carried out with respect to all digoxin?

A. As you know, in Dr. Fowler's report, in response to my request, near the bottom of that page:

"Approximately one and-a-half bottles of elixir digoxin consumed on the ward and has been no increase in the amount of elixir (digoxin) dispensed on the ward in the last



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few weeks."

THE COMMISSIONER: Where are you reading from, doctor?

MR. OLAH: It is Exhibit 110, Mr. Commissioner, three lines from the bottom that the witness is reading from.

THE COMMISSIONER: Yes. All right.

MR. OLAH: I'm sorry, five lines from the bottom.

Q. There was no formal inventory carried out by Dr. Fowler, was there, doctor?

A. No. I believe the extent of his evaluation must have been a discussion with Pharmacy and/or nurses to determine the amount of elixir (digoxin) that was consumed.

Q. And the only time that inventory, so-called inventory was carried out was during the enquiry that was carried out by Dr. Fowler between march 18th and March 20th?

A. I believe so, yes.

Q. There were no other inventories carried out with respect to digoxin that you are aware of prior to March 22, 1981?

A. Prior to that evening, the



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Saturday night.

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Q. Now, another thing that puzzled me and I was hoping you could clarify was on the first page of the typed memorandum, paragraph 2.

A. Is this Dr. Teperman's memorandum?

Q. Yes, the same document. You will see that according to Dr. Teperman, he was advised by Dr. Fowler on or about March 16, 1981 --

A. Yes.

Q. -- as to the dig. levels in the Baby Pacsai.

A. I find that a discrepancy with the March 18th date with which Dr. Costigan came to me and I spoke to Dr. Fowler about speaking with Dr. Teperman. I wonder if that was the 16th of the 18th?

Q. That is what puzzled me, too, because, according to this, the dig. levels became available two days prior to the date that we had understood, up to the present time in these proceedings --

A. My understanding when I called Dr. Fowler, after Dr. Costigan spoke with me,



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was that was the first that this material, that
this information was available and specifically
asked him to ask that question of the Coroner.

So that, I would have assumed
that that date should be March 18th.

Q. So, your recollection is
that Dr. Fowler learned of the digoxin levels from
you?

A. I believe so. He may have
learned of it from somebody else prior to that, but
my impression was that, when Dr. Costigan told
me about this and I called Dr. Fowler, I believe
that was the first he knew of it. He may have known
before but I doubt if he would have known two days
before and not informing anybody.

Q. And presumably, had those
levels been available to Dr. Fowler, you would have
expected him to report them to you right away?

A. Yes.

Q. And, of course, you
didn't become aware of those levels until the 18th?

A. That's correct.

Q. Thank you.

Now, I am sorry to go over a
terrain that has been ploughed by other counsel



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already, but I wasn't sure about a couple of small things.

On the evening of the 21st, as I understand, at eight o'clock, you commenced a meeting?

A. That's correct.

Q. And a memorandum --

A. A little after I found out about the dig. level being high at eight o'clock, so there must have been some interim time to get into the Hospital, to get the group together.

Q. All right. So, you would have been at the Hospital approximately about what time?

A. 8:25, 8:30, something of that sort.

Q. And by when had the decisions been made with respect to the steps to be taken about the control of digoxin?

A. The note is dictated, I believe, at 10:25, so it must have been in between then that the decisions were made.

Q. Can you recall whether those decisions were made fairly early in the meeting?

A. I can't recall.



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Q. In any event, Dr. Costigan and Dr. Mountstephen had left by the time, I take it, the note was dictated, at 10:25?

A. I believe so.

Q. Because the focus of concern was 4A/4B, did you direct them to go directly to 4A and 4B to commence the procedure there?

A. I can't specifically remember this, but that certainly would appear to be logical.

Q. And speaking with them since then have you ascertained whether they, in fact, started at 4A and 4B?

A. I haven't asked that but, again, I would presume that they did, but I have not specifically ascertained that.

Q. Were they each to go to different wards, or were they proceeding together, one locating and checking the crashcarts and the other making sure that the medication was locked up?

A. Talking with Dr. Costigan last week, he mentioned they would go to an area and then they would split up and go to different areas on contiguous wards; that kind of thing.



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Q. And their instructions from you were to, one, speak to the head nurse or the nurse in charge that evening and ensure that the medication digoxin was locked up immediately?

A. That is correct.

Q. And only then after were they to check the crashcarts?

A. Both went on at the same time. It would take a relatively short time to speak to the nurses. The sequence of whether they checked the crashcart or talked to the nurse would be a matter of a minute or two in either direction.



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3 Q. All right. So, if your
4 assumption is correct that they proceeded to 4A and
5 4B first then the medication on that floor, digoxin
6 on that floor would have been brought under control
7 some time around 10:30 that evening?

8 A. If the assumption is correct,
9 and I have stated that that is an assumption.

10 Q. Now, of course whoever had
11 access, whoever had the key to the medication, to
12 the medicine cabinet that evening still would have
13 access to digoxin?

14 A. That's correct.

15 Q. Who would the key be kept by
16 on the evening shift, bearing in mind that there are
17 no charge nurses or supervising nurses?

18 A. But there are team leaders
19 who would be the most senior nurse on a given area.

20 Q. I see. Would there only be
21 one key available to the team?

22 A. I believe so.

23 Q. So that other nurses other
24 than the team leader would not have had access
25 presumably to that cabinet after 10:30 p.m. on the
evening of March 21st, 1981.

A. If they went to that area first.



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3 Now, the team leader might for some reason go off
4 and have somebody else act temporarily as team leader.

5 Q. Okay. And where is the
6 key kept? Is it at all times kept in the possession
7 of the team leader. Is that something she wears
8 around her neck?

9 A. I believe so, but I think this
10 is a matter of nursing policy that you would have to
11 speak to nursing people about, I can't give you that
12 definitely.

13 Q. Now, was there a written
14 inventory kept or prepared by Dr. Costigan and
15 Dr. Mountstephen, is that what you said?

16 A. I learned of this last week.
17 I thought initially they were going to only inventory
18 the crash carts but they actually did inventory all
19 of the digoxin that was found and Dr. Costigan has
20 that inventory. The subsequent inventory done by
21 Miss Rappaport was presented this morning.

22 Q. Do you know if there is any
23 difference between the levels or the amounts of
24 digoxin found in the medicine cabinets and inventoried
25 by Drs. Costigan and Mountstephen at 10:30 p.m.,
March 21st and the one that was obtained by Nurse
Rappaport on the following day?



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A. Miss Rappaport is one of the pharmacy people, did find some more digoxin that they had found.

Q. All right. I just want to restrict myself to the medicine cabinets in 4A and 4B.

A. I don't know specifically in 4A/4B. Dr. Costigan has his inventory with him. As was pointed out by counsel we do not have this. We do have Miss Rappaport's inventory.

Q. Okay. Because of course that would be of some interest to us, would it not, to know whether in fact what amounts were used up that evening and the different or the tally between the two would demonstrate that, would it not?

A. Yes.

THE COMMISSIONER: I'm sorry, not that evening, would it?

MR. OLAH: Well, that would be the evening and the morning of the Cook ---

THE COMMISSIONER: When did Miss Rappaport, when did she take her inventories?

THE WITNESS: She came around the next day and the early afternoon she started her inventory and finished around 9:00 p.m.



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MR. OLAH: Q. That would be Sunday
the 22nd.

A. Now, there would be a complex-
ity that more may have been found that just wasn't
found before. So that I am not sure the simple
subtraction and addition would be accurate.

THE COMMISSIONER: Well, I haven't
looked carefully at this one of Miss Rappaport's
but it should show where she found the inventory.

MR. OLAH: Yes, it does,
Mr. Commissioner.

THE COMMISSIONER: Does it? Oh, yes.

MR. OLAH: Q. Perhaps we could
deal with Exhibit 185 for a moment, Dr. Carver.

A. This is Miss Rappaport's
inventory?

Q. Yes.

A. Yes.

Q. There are two columns dealing
with the stock. There is stock removed and stock
dispensed.

A. Yes.

Q. Let's take for example Ward
4A. Stock removed, would that be the stock that
was removed by Miss Rappaport on that day?



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A. Yes, that would be the stock that she would have found locked up in the cabinet. Stock dispensed is the set amount that was left, the thought being that in some areas there was no need for the amounts that were found before.

Q. And stock dispensed, what does that entail?

THE COMMISSIONER: Just a second, I just want to see if I can understand that. You start off with Ward 4A, 75 millilitres of the elixir is removed. That means, that is what ---

THE WITNESS: That was taken, that was in the medication cabinet, sir.

THE COMMISSIONER: That was total amount. Well, how could they take 100 millilitres from 75?

THE WITNESS: No, she then came with a fresh stock and put a bottle of 100 millilitres there.

THE COMMISSIONER: Oh, I see.

THE WITNESS: In other words, she had removed the partially used bottle.

THE COMMISSIONER: Yes. Well then, she would remove everything that she found, is that correct?



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THE WITNESS: Exactly, yes, sir.

THE COMMISSIONER: And put fresh
stock in.

THE WITNESS: Yes.

THE COMMISSIONER: Is there any
reason for that?

THE WITNESS: This was a way of
having a standardized amount. It seemed to be an
appropriate time to standardize the amount on the
floors. It became apparent that ---

THE COMMISSIONER: Was that part
of your instructions in that confidential memo?

THE WITNESS: Well, the instructions
were to reissue a set amount. We did not indicate
how much. The pharmacy decided the amounts that
would be reissued.

THE COMMISSIONER: That is 160-
something, isn't it?

THE WITNESS: Yes, on Item 4 on that
confidential memo, digitalis inventory will be done
and all digitalis will be returned to the pharmacy,
new digitalis will then be dispensed to the locked
cabinets.

THE COMMISSIONER: In the morning?

THE WITNESS: Yes, sir.



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THE COMMISSIONER: I see. That was
not done though by the doctors the night before?

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THE WITNESS: No, they just locked
everything up. The attempt the night before was to
remove the digitalis from access, from easy access
anyway.

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Q. That brings up something else that puzzles me, Doctor. Is there a central inventory kept by the pharmacy about medication that is being delivered at any one time to a ward?

A. I would guess so. You would have to talk to the pharmacy about the system that they have.

Q. You made no inquiries during the course of your investigations as to how medication is brought to a floor, how often and what control is maintained over it?

A. It is brought to the floor as needed. There certainly would be a record of what is brought to the floor. The specifics of their system could be discussed by the pharmacy.

Q. And there was never any comparison made by your group as to the amount prescribed and presumably used on the floor and the amount delivered to the floor in the critical periods?

A. As mentioned, Dr. Fowler did note in his report on the Pacsai child that there did not appear to be an increased usage of the digoxin.

Q. That was only orally?

A. Yes, sir.



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Q. We are talking about intravenous ampules, no investigation ever?

A. No formal investigation.

Q. Now, something else that I was intrigued by, Doctor, as you were giving your evidence was that you said there was a nursing supervisor there that evening?

A. Yes.

Q. That's the evening of the 21st?

A. That's correct.

Q. Did you direct her to attend on 4A and 4B after 10:25 p.m.?

A. To attend in what manner?

Q. To take over and supervise the ward where you had these concerns?

A. We directed on the following day that I believe two supervisors were to attend. The nursing supervisor, by virtue of being at the meeting, was certainly aware of the concerns with nursing and therefore would take appropriate steps. She was not directed to specifically attend that evening. The next day as the notes indicate a nursing supervisor was placed on each of the two wards.

Q. All right. So, the answer is, no, you didn't direct her to attend on those wards?



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A. Did not direct her to attend specifically on the wards to the exclusion of all of her other duties.

Q. But from what I understand you were concerned about the nursing team that was on that evening?

A. I was concerned that there appeared to be a correlation. There was no proof that the specific nursing team was involved but I was concerned that the given team had been on and therefore had raised the question with the coroner as to whether that team should be relieved.

Q. All right, that is the point that I wanted to explore with you. Your concern was that as far as you understood it was the same team that was on during the Pacsai terminal events?

A. Yes.

Q. Or the transfer to ICU?

A. Yes.

Q. And the evening in question?

A. Yes. This is the information that I had been given.

Q. Doctor, I have had the privilege of seeing the nursing records relating to the team that was on on the evening of the Pacsai terminal



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events and the Cook terminal events. I don't know if you can assist me in this regard but I notice from these records that that information isn't quite accurate because I notice my client Brownless, Janet Brownless, was not on during the long night shift during the course of the Pacsai terminal events or prior to the transfer of the ICU where she was on on the evening of the Cook death. Were you aware of that?

A. No, I was not.

Q. If those records are correct, then of course the teams were not entirely identical that evening?

A. Well, certainly components then must have been on. But as I said, this was information that was presented presumably through the nursing staff. As I said, I did not specifically know the teams on, but this information did become available and therefore the consideration of removing the team without in any way indicating that the team were necessarily involved in the untoward events was raised.

Q. Did you subsequent to March 22nd examine in fact what nurses were on during the course of the Pacsai, the evening prior to the transfer to the ICU?



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A. No, the police subsequent to this looked at the records and this became a matter of matching of various factors by the police to the particular patients.

Q. Now, just a couple of small points I want to clear up. I understand that not only were crash carts checked on the evening of March 21st, but that they were checked subsequently every day thereafter, is that correct?

A. Yes. They were to be checked by the next day, as I mentioned. Miss Rappaport did find some digoxin in the Operating Room and about a week later some appeared on the crash cart on the Radiology service.

Q. All right, but at no time did ---

A. Well, if you wish I could refer to my notes as to what else she said.

Q. Well, Doctor, if you would just assist me, I've got specific concerns, we don't have to go into the other areas of the Hospital. But at no time was digoxin ever found on the crash carts on floors 4A and 4B?

A. That is correct. Dr. Costigan specifically said that he did not find it on 4A/B and Miss Rappaport in speaking to me said that it was not there either. She, I believe, and I would



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have to look at notes, found it in the Operating Suite where she then called Dr. Rowe who advised that digoxin is not a necessary drug on a crash cart, and Radiology, as I mentioned, and I believe possibly some outpatient areas and possibly one ward.

Q. The final question that I had for you was this. You said that as you understood Dr. Costigan ordered the analysis of digoxin with respect to the Pacsai samples?

A. That's correct.

Q. And you said that he did so as far as you understand because of certain physical symptoms or observations that were made?

A. Because he considered digitalis toxicity as a possibility presumably because of the cardiac arrhythmias the child had had, tachycardia, a fast heart rate, subsequent bradycardia, slow heart rate, other factors that would be consistent with a high potassium level which does occur with digitalis toxicity.

Q. I see.

MR. OLAH: Thank you, Doctor, those are all the questions I have.

THE COMMISSIONER: Yes, thank you, Mr. Olah.



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Well, I think unless everybody else is going to dispense with questions, which I think is unlikely, we will - is there an intention, I take it there is an intention? Well then, I think now it is some time next week, I take it, is that right?

THE WITNESS: I believe the 28th and the 29th.

MR. LAMEK: Yes.

THE COMMISSIONER: Well, it shouldn't

MR. LAMEK: I hope it won't take more than at most a half of one of those days.

THE COMMISSIONER: No, no, I wouldn't think there would be more than that. But just to let you know, I guess, Doctor. Thank you.

THE WITNESS: Thank you.

MR. LAMEK: Thanks, sir.

THE COMMISSIONER: Thank you.

--- Witness withdraws

THE COMMISSIONER: We will rise, unless you have anything else.

MR. LAMEK: No, tomorrow we have Dr. Rose.

THE COMMISSIONER: All right, we will rise until 10 o'clock tomorrow morning.

--- Whereupon the Hearing was adjourned until Tuesday, September 20th, 1983, at 10:00 a.m.

